

Name
in
Full

Kay Belle Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Hrs Anderson.		Jane		
Father's Name	George H. Webster		Father's Birthplace	NY		
Mother's Maiden Name	not known		Mother's Birthplace	Unknown		
Name of person giving information	Hrs Anderson		How related to deceased	Husband		

Wremia 6 days after childbirth

CAUSES OF DEATH

137

PHYSICIAN OR CORONER	Primary	Blood Poison	Puerperal septicemia	How long
	Immediate	Heart failure		3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
	Patient went into convulsions caused by wremia, 6 days		Address	5 hours
	Accident or Suicide?	NO - after birth of last child.		

Chintz mat

Salem M. E.

Upper Folsom

Name
in
Full

Olie R. Andrew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Rockland	own	Baltimore	County	MARYLAND	
Date of death	1908	Month 3	Day 14	Years 45	Months 9	Days 23
Sex	Female	Color or Race	white	Birth- place	Harford Co	
Occupation	Housewife	Where Residing if not at place of death			Rockland	
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel C. Andrew			
Father's Name	John S. Hayes	Father's Birthplace			Harford Co	
Mother's Maiden Name	Sanya Cole	Mother's Birthplace			Harford Co.	
Name of person giving Information	Samuel C. Andrew	How related to deceased			Husband	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

6 hrs.

Immediate

Colic Hernalgia

How long

10 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Rogers Evans,
Livers M.D.

Accident or Suicide?

John Burns Sodas
Towson

Camp Chapel
Cemetery
Baltimore Co. Md.

Name
in
Full

Mary Atwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

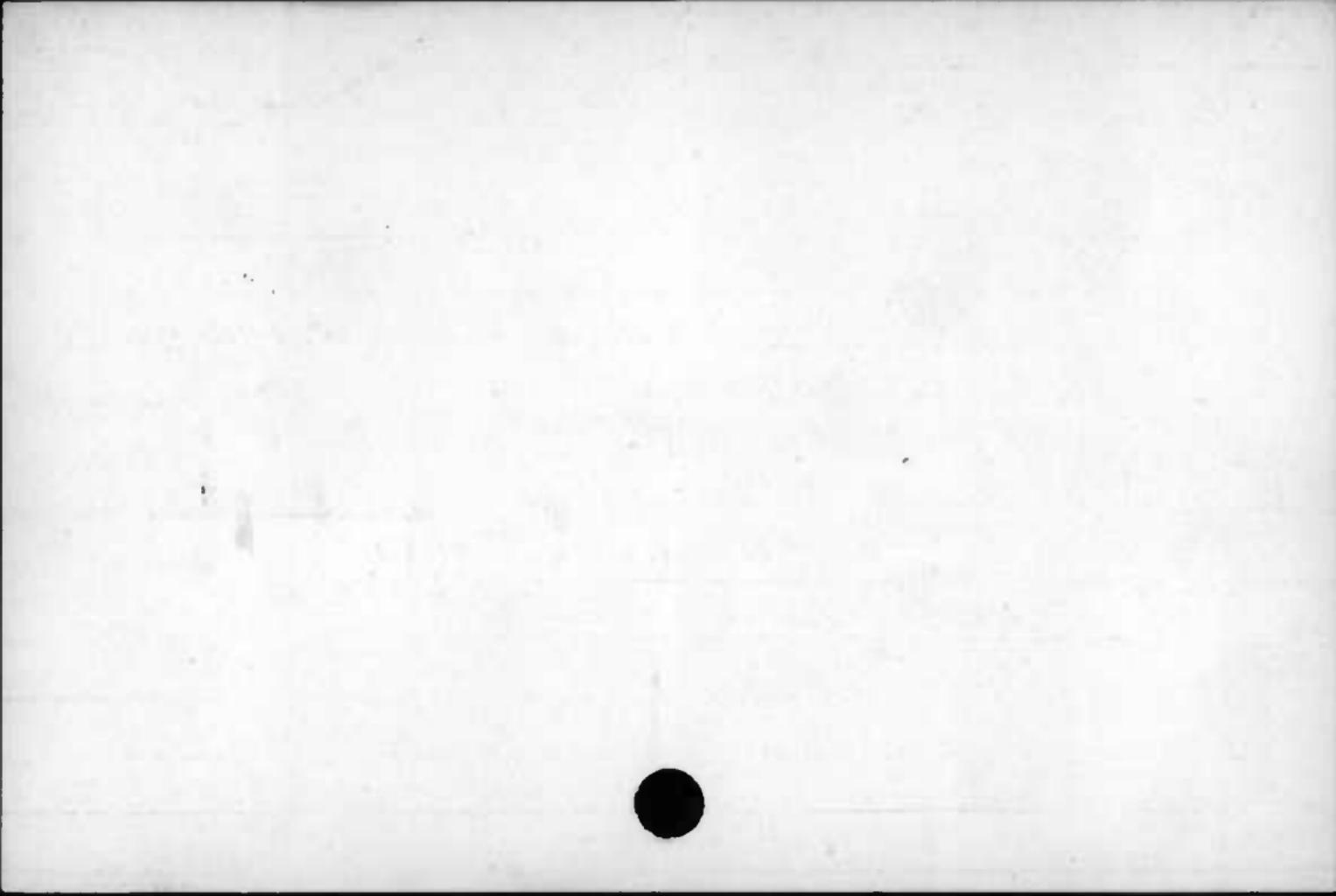
Died at Spanow Point		Town	Balt. Co.		County	MARYLAND	
Date of death	1908	Month 3	Day 14	Age 65	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	New York	
Occupation	House		Where Residing if not at place of death			Freeman Atwood	
Married, Single or Widowed	Widow	Name of Wife or Husband				Freeman Atwood	
Father's Name	Atwood					Father's Birthplace	Atwood
Mother's Maiden Name	Atwood					Mother's Birthplace	Atwood
Name of person giving information	Alb. Woodworth					How related to deceased	Son in law

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease		How long	Atwood
Immediate	Neuritic Conv.		How long	20 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Al Woodworth, M.D.	
Address	Spanow Point, Md.			
Accident or Suicide?				



Name
in
Full

Minnie Louis Barnhardt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Catonsville		Baltimore		Months	Days
Date of death	Month	Day	Years		
1908	March	26	26		
Sex	female	Color or Race	white	Birth-place	Prince George Co
Occupation	Housewife	Where Residing if not at place of death			Catonsville Ind
Married, Single or Widowed	Married	Name of Wife or Husband	See A H Barnhardt.		
Father's Name	Louis Sherwood		Father's Birthplace	don't know	
Mother's Maiden Name	Bertha S Love		Mother's Birthplace	Va	
Name of person giving information	See A H Barnhardt.		How related to deceased	Husband	

CAUSES OF DEATH

37

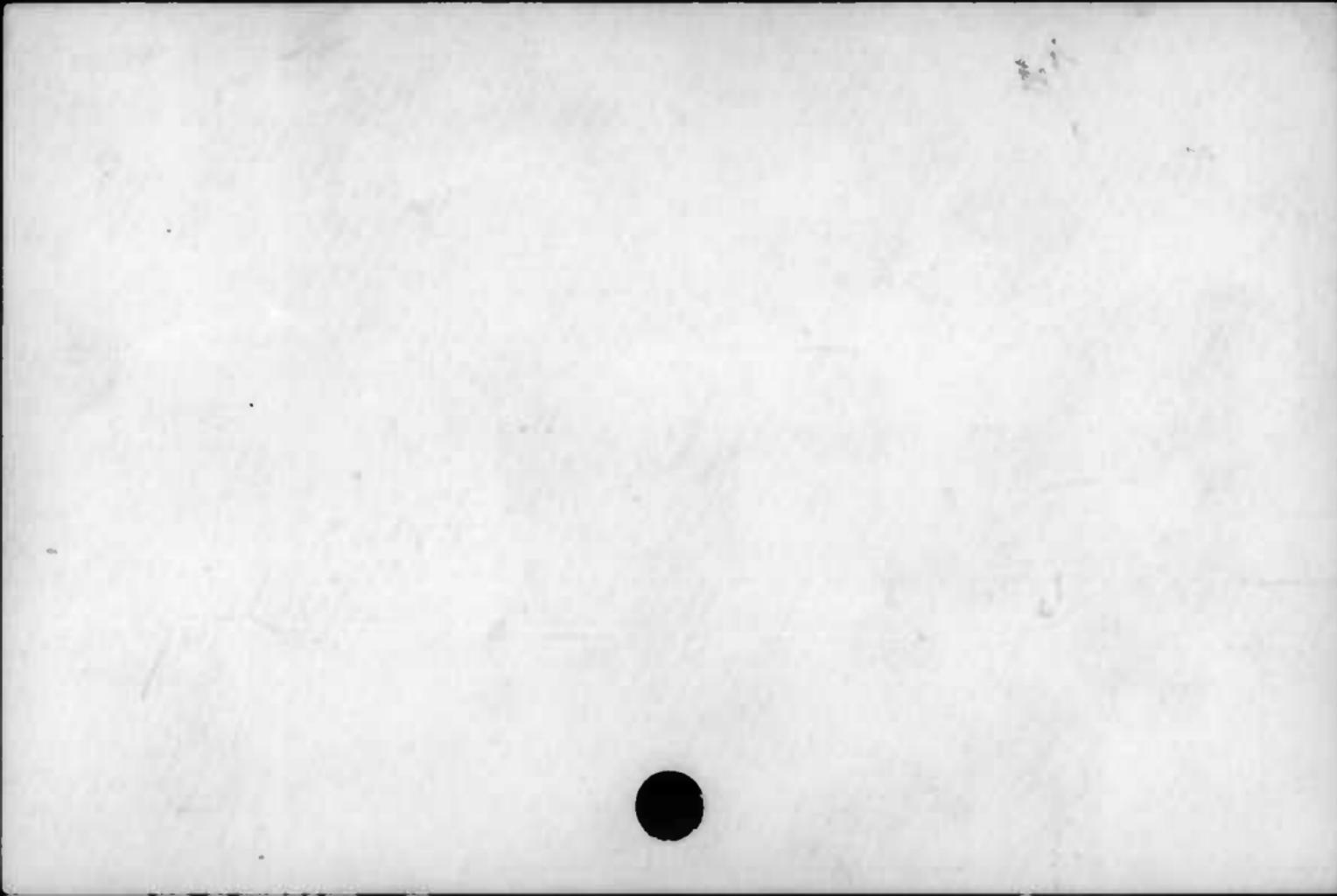
How long

How long

20 days

PHYSICIAN
OR CORONER

Primary	child birth.	
Immediate	Septicemia	
Are the name, age, sex, color, race and place correctly given above?	yes	
	Signature of Physician	Marshall B West
	Address	Catonsville, Ind.
Accident or Suicide?		



Name
In
Full

Mary L. Beatty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age		8 26			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed	Name of Husband	James Beatty					
Father's Name	Lyde Goodwin		Father's Birthplace		Maryland		
Mother's Maiden Name	Ann S. Worthington		Mother's Birthplace		Maryland		
Name of person giving Information	Laura M. Beatty		How related to deceased		Daughter		

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary

Organic heart disease

Immediate

Pericarditis

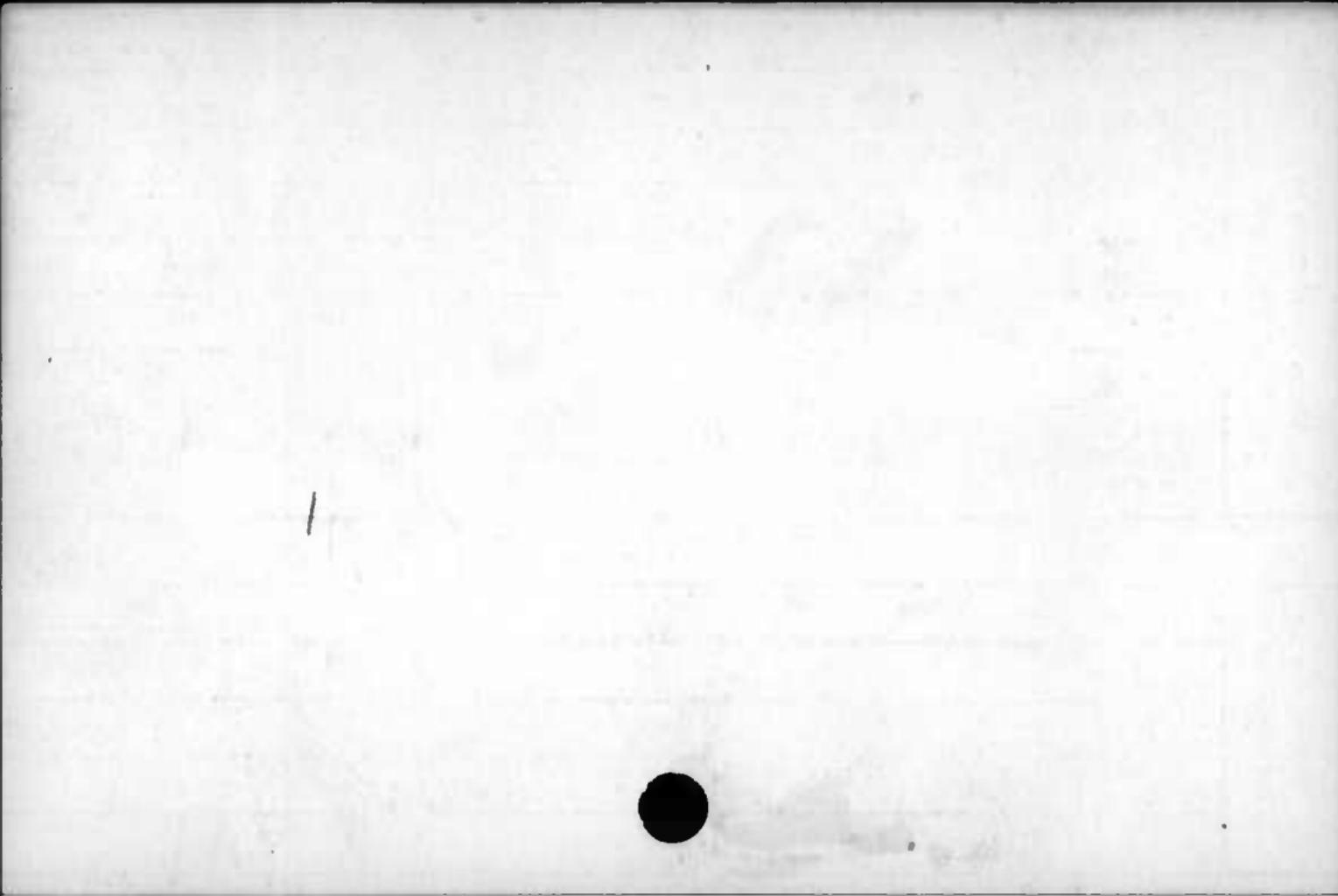
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John A. Green,
Sittings.
Md.

Accident or Suicide



Name
in
Full

Alfred Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

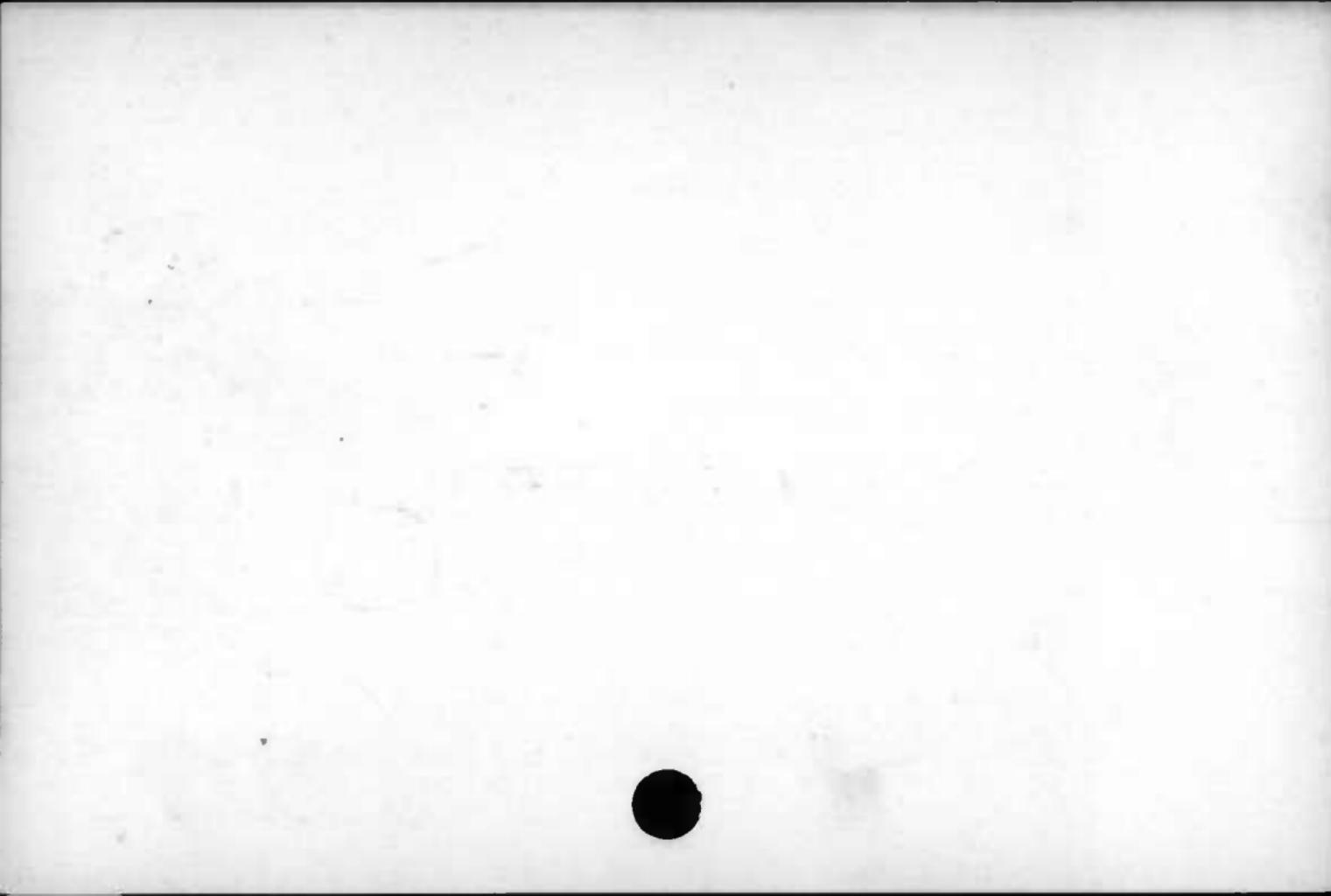
Died <u>near Granite Baltimore</u>		County <u>MARYLAND</u>	
Date of death 1908	Month <u>Mar</u>	Day <u>Wed.</u>	Years <u>50</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Near Granite</u>	
Married, Single or Widowed	<u>Married</u>	Occupation <u>Day laborer</u>	
Name of Wife or Husband	<u>Annie Grapp</u>		
Father's Name	<u>Joseph Bell</u>	Father's Birthplace <u>Granite</u>	
Mother's Maiden Name	<u>Wilet Bell</u>	Mother's Birthplace <u>Granite</u>	
Name of person giving information	<u>✓</u>		
CAUSES OF DEATH			
Primary	<u>Tuberculosis</u>		
Immediate	<u>Dyspneea</u>		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>J. B. Offutt</u>	How long <u>1 year</u>
Address	<u>Granite</u>		
Accident or Suicide?	<u>No</u>		

27

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Chester. B. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDEATH
OR CORONER

Died at <u>Highlandton</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>24</u>	Age <u>6</u>	Years <u>6</u>	Months <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>		Days <u>25</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>222. Carlton Ave Baltimore</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Baltimore Co Md</u>			
Father's Name <u>Leonard J Bell</u>	Mother's Birthplace <u>Baltimore Co Md</u>				Mother's Maiden Name <u>Aelia Bradford</u>
Name of person giving information <u>Aelia Bradford Bell</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

166

How long —How long —

Primary

brushed by. elec. light

Immediate

pole

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

David A. Thompson

1500 Highland Ave

Baltimore Co Md

Accident or Suicide?

Accident

Undertaker

Wm C. Black

Place of burial

Mt. Carmel Cem

March 27/08

Name
in
Full

Frederick Bellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Frederick Bellman					Father's Birthplace	Baltimore
Mother's Maiden Name	Maggie Smith					Mother's Birthplace	Baltimore
Name of person giving information	Frederick Bellman					How related to deceased	Brother

CAUSES OF DEATH

61

Primary

Meningitis

How long

6 days

Immediate

& exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. J. McAvoy M.D.
839 S. Calvert St.

PHYSICIAN
OR CORONER

Accident or Suicide?

Address

Trinity Cemetery
March 30/08

H. Sander Son

Name
in
Full

Annie G. Berg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Sherwood	Baltimore					
Date of death	Month	Day	Years	Months	Days	
1908	3	20	66	4	10	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Wife	Where Residing if not at place of death			Pikesville	
Married, Single or Widowed	Name of Wife or Husband		unknown			
Father's Name	Thomas Conroy		Denna			
Mother's Maiden Name	Julia Sweeney		New York			
Name of person giving information	Mrs Hunter		daughter			

CAUSES OF DEATH

79

Primary	Organic Disease of Heart		How long	unknown
Immediate	Cardiac Paralysis		How long	immediately
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. G. Massenburg	
Sudden	Address		R. G. Massenburg M.D.	
Accident or Suicide?	? P. D. Harbor Health Officer			

A. S. Marshall
3539 Fall River

May, 20 - 1908

Bona Bro.

Name
in
Full

Rachel Bernstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>720 Frederick av.</u>		Town <u>Canton</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>25</u>	Age <u>15</u>	Years	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation <u>House</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>Nathan Bernstein</u>	Father's Birthplace <u>Poland</u>					
Mother's Maiden Name <u>Dora Jacobs</u>	Mother's Birthplace <u>Poland</u>					
Name of person giving information <u>Father</u>	How related to deceased <u>✓</u>					

CAUSES OF DEATH

116

Primary	<u>Gastritis</u>	How long	<u>March 20</u>
Immediate	<u>Peric Peritonitis</u>	How long	<u>5 days</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Fried W. Weber M.D.

Address

1721 - Canton av

Accident or Suicide? ✓

Max Levinson -
645 W Fayette St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1908		Mar.	25	Age	18-	-	
Sex	Male		Color or Race	Baltimore			
Occupation	Infant.		Where Residing If not at place of death	Ethelbrite av.			
Married, Single Widowed	Single		Name of Wife or Husband				
Father's Name	Ralph H Berreloth		Father's Birthplace	Balt Md			
Mother's Maiden Name	Margaret Benner		Mother's Birthplace	Balt Md			
Name of person giving information	Ralph H Berreloth		How related to deceased	father			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis

How long

9 day

Immediate

Cyanosis failing heart

How long

one day

Are the name, age, sex, color, date and place correctly given above?

yo

Signature of Physician

Address

Ed. Smith M.D.
1005 W. North Av

Accident or Suicide?

Fondon Park.

Mc. 27/08.

Wes. Cork

502 E North ave

Name
in
Full

Albert Monroe Bisker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	Mar	9	1	11	9		
Sex	Male	Color or Race	white	Birth-place	Maryland.		
Occupation	None						
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death				
Single	Frank S Bisker		Penns.				
Father's Name	Frank S Bisker		Father's Birthplace	Penns.			
Mother's Maiden Name	Maggie Schuhart		Mother's Birthplace	Maryland.			
Name of person giving Information	Frank S. Bisker		How related to deceased	Father.			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

How long

5 days

Immediate

Edema of Lungs.

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Jas. L. Yagl
New Freedom Pa.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at	violetville		Town	Boyle		County	MARYLAND			
Date of death	1908	Month	3	Day	23	Years	26	Months	—	Days
Sex	Female		Color or Race	white		Birth-place	Balt Md			
Occupation	Music Teacher		Where Residing if not at place of death			113 N. Stricker St				
Married, Single or Widowed	Single		Name of Wife or Husband							
Father's Name	Charles C. Bobart			Father's Birthplace			Balt Md			
Mother's Maiden Name	Georgette Schley			Mother's Birthplace			Va			
Name of person giving information	Paul E. Bobart			How related to deceased			Brother			

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary

Falling from Balustrade
Frontal Base of skull

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature
Physician

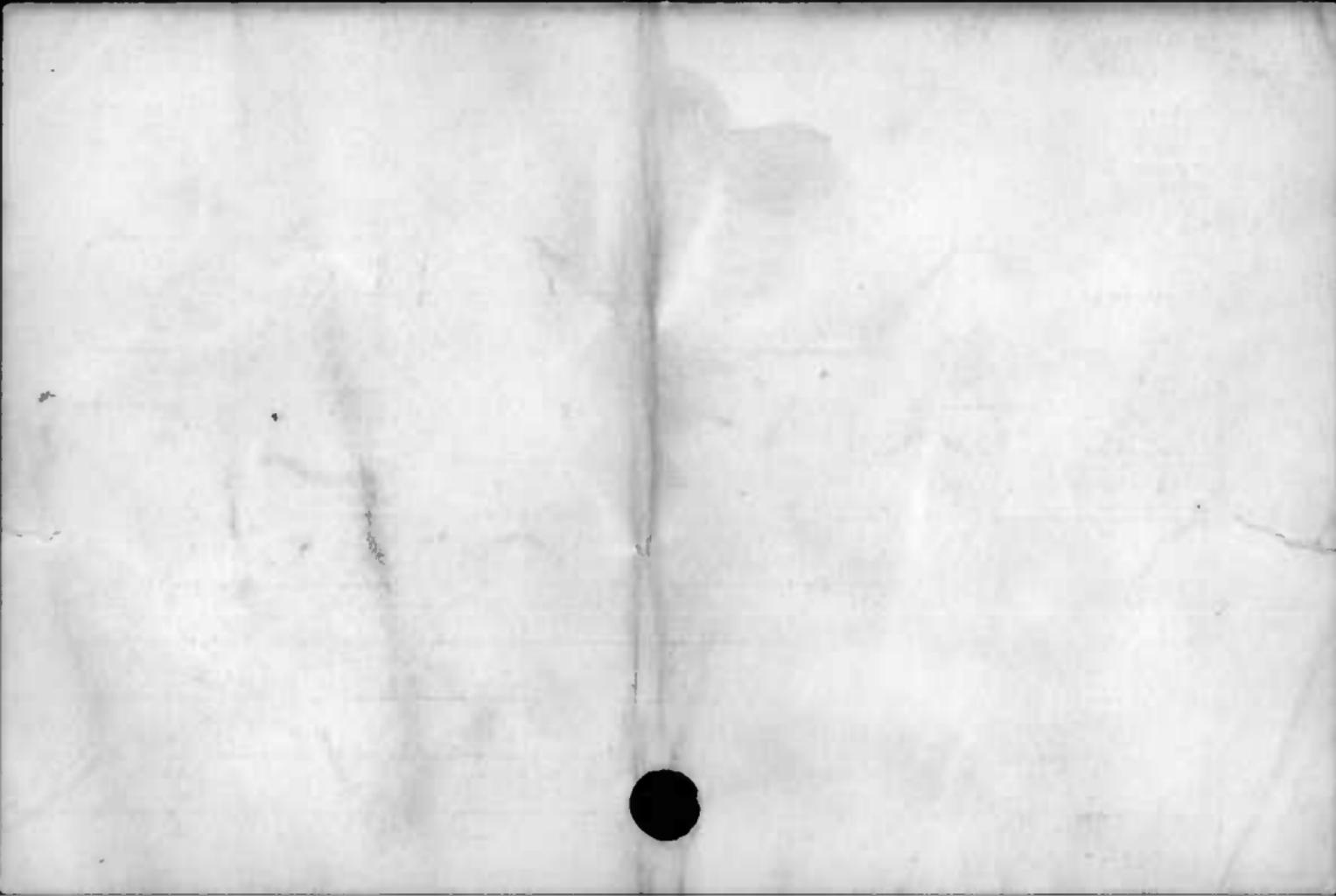
Address

THE BIRDS OF THE SOLOMON ISLANDS

Accident or Suicide?

Occident

Balt. Co. Md.



Name
In
Full

Barbara Bocklage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Mar	22	53			
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	Housework	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Henry Bocklage			
Father's Name	don't know	Father's Birthplace	Germany			
Mother's Maiden Name	don't know	Mother's Birthplace	Germany			
Name of person giving information	Joseph Bocklage	How related to deceased	Son			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

9 days

Immediate

Cardiac Syncope

How long

one day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

David W. Jones
316 O'Connell

Incident or Suicide?

Sacred Heart Cemetery
March 26th 1908

Germanus Frans

in der later

Name
in
Full

Dora Amelia Boerner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Joenton

County

Baltimore

MARYLAND

Date
of death

1908

Month

3

Day

7

Years

9

Months

6

Days

10

Sex

Female

Color or
Race

white

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frederick B. Boerner

Father's
Birthplace

Ind

Mother's
Maiden Name

Anna A. Walsh

Mother's
Birthplace

Germany

Name of person giving
Information

Anna A. Walsh

How related
to deceased

Mother

CAUSES OF DEATH

172

Primary

strangled, accidentally

How long

—

Immediate

Fell from a bridge crossing creek

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Jas. H. Wilson M.D.
Fowlersburg
Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Marion S. Brown

CERTIFICATE OF DEATH

Died at <u>Catonsville</u> Town <u>Bucks Co</u>			County <u>Baltimore Co</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>10</u>	Age <u>11</u>	Years <u>11</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Co, Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>None at home</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>					
Father's Name <u>Henry S. Brown</u>	Father's Birthplace <u>Baltimore City</u>					
Mother's Maiden Name <u>Frances Singer</u>	Mother's Birthplace <u>Philadelphia, Pa</u>					
Name of person giving Information <u>J. Shat. Macmillan</u>	How related <u>Daughter</u>					
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Syphilis</u>				How long <u>7 days</u>	
	Immediate <u>Tonsillitis</u>				How long <u>15 hours</u>	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address		
Accident or Suicide? <u>No</u>						

(9)



J. Shat. Macmillan
Catonsville

MD

Chas. Paristin
Bonnie Bray.

Name
in
Full

Washington Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Glyndon	Md.	Baltimore				
Date of death	1908	Month March	Day 7	Years	Months	Days	14
Sex	Male	Color or Race	white		Birthplace	Glyndon Md.	
Occupation				Where Residing if not at place of death	Glyndon Md.		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	William Brown			Father's Birthplace	Glyndon Md.		
Mother's Maiden Name	Sarah Turnbaugh			Mother's Birthplace	Glyndon Md.		
Name of person giving information	William Brown			How related to deceased	Father		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Infantile Convulsions

4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

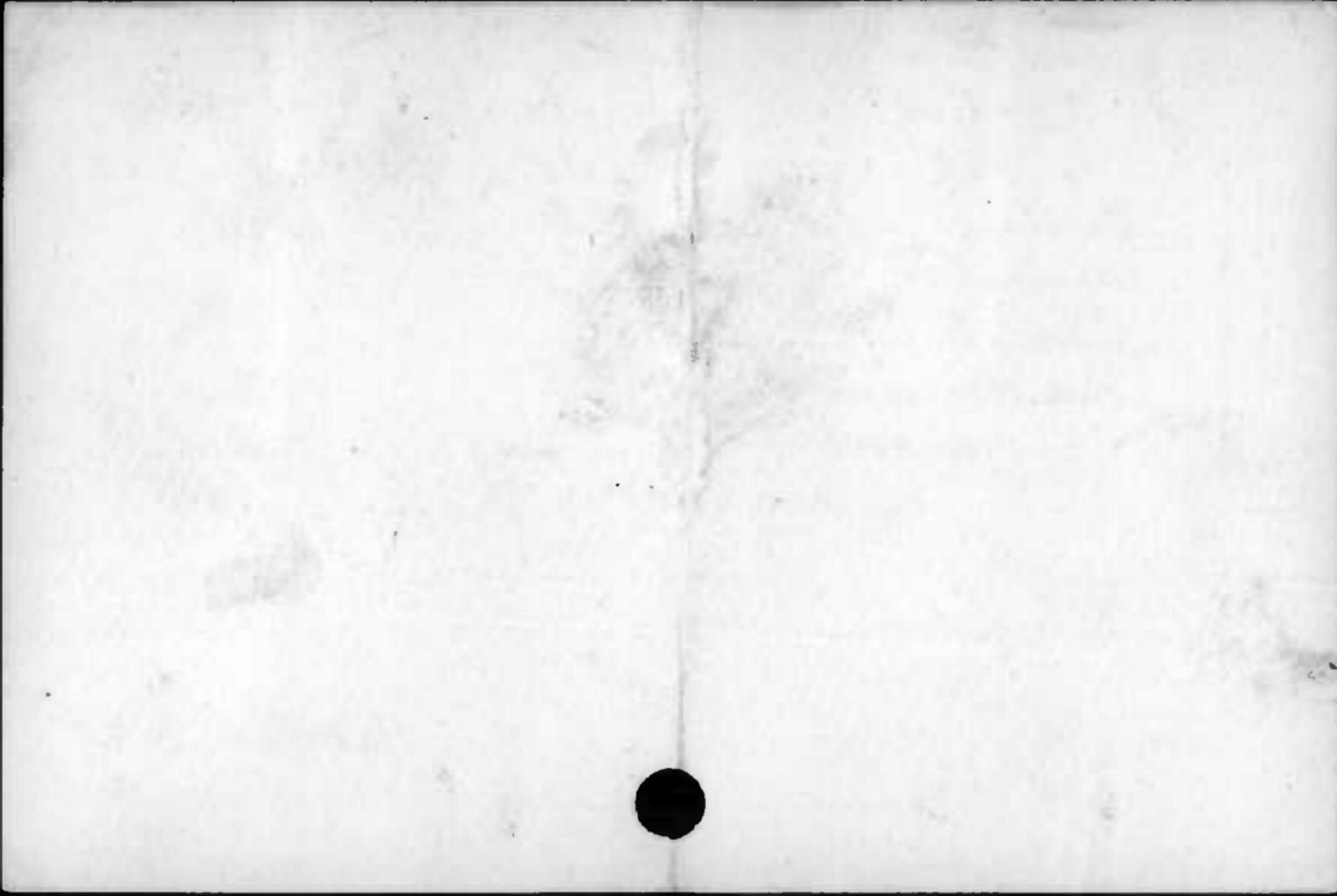
Signature of Physician

Dr. J. H. Drack

Address

Baltimore Md.

Accident or Suicide?



Name
in
Full

Ira Reginald Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Woodbury

County

Baltimore

MARYLAND

Date
of death

1908

Month

3

Day

7

Years

31

Months

2

Days

8

Sex

Male

Color or
Race

white

Birth-
place

Ind

Occupation

Conductor

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Birthplace

Ind

Father's
Name

Rev Harrison Burke

Mother's
Maiden Name

Margaret Light

Mother's
Birthplace

Ind

Name of person giving
Information

Rev Harrison Burke

How related
to deceased

Father

CAUSES OF DEATH

27

How long

4 weeks

Primary

Tuberculosis of Lung

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

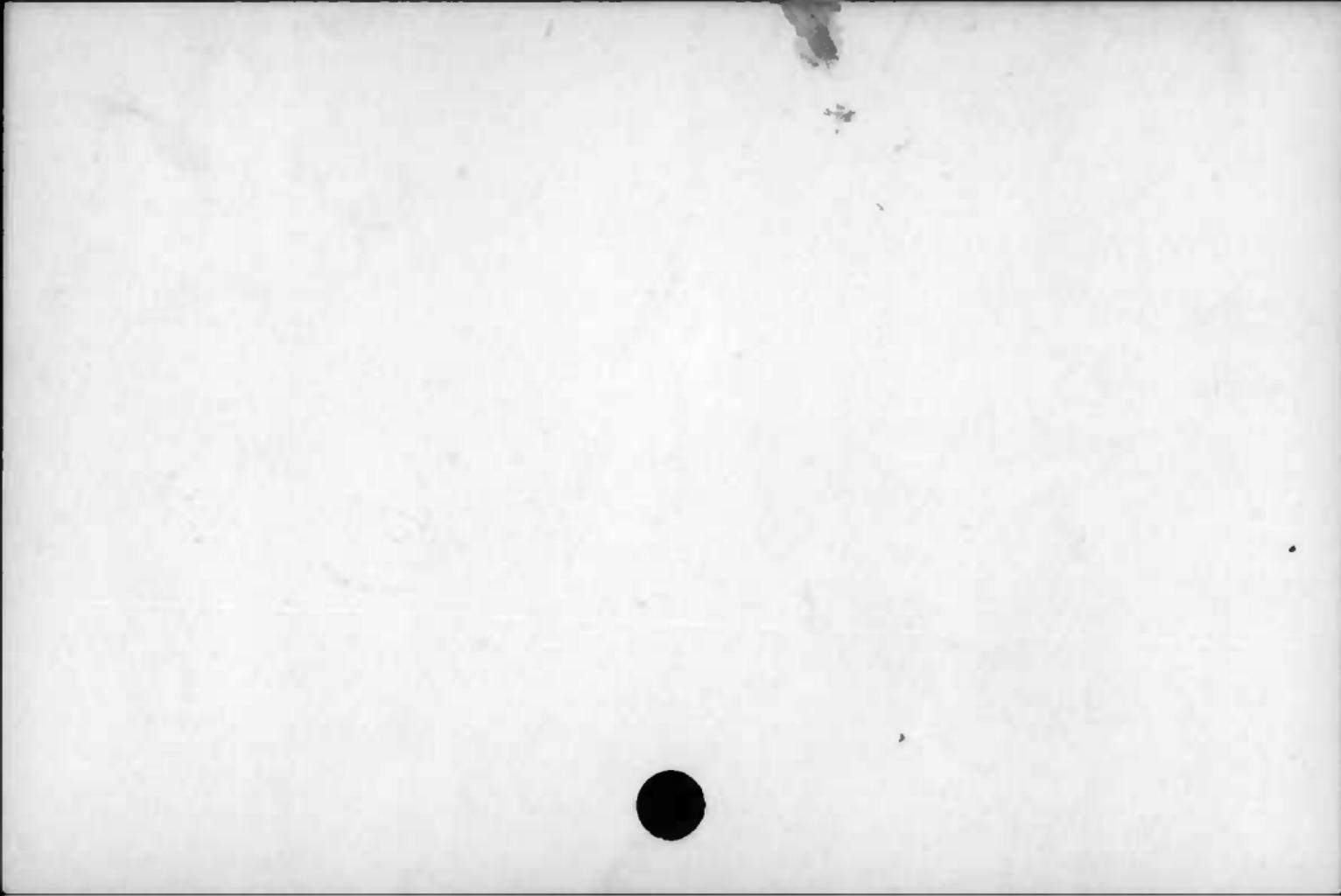
Signature of
Physician

Address

Jos H. Wilson M.D.
Towson Ind

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Almine E Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	1908	Month Mar	Day 21	Age 41	Years	Months 10	Days 00	
Sex	Female	Color or Race	White	Birthplace Ballito Co. Md				
Occupation			Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife of Husband		G. L. Burton				
Father's Name		Isaac B. Howard		Father's Birthplace Pennsylvania				
Mother's Maiden Name		Mary A. Purier		Mother's Birthplace Ballito Co. Md				
Name of person giving Information		G. L. Burton		How related to deceased Husband				

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

How long

6 months

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. Darling
Lawerille Md

Accident or Suicide?

No



Name
in
Full

Helen Cobcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Beaupre		Town - Bath		County		MARYLAND	
Date of death 1908	Month Mar	Day 30	Age 8	Years 6	Months 7	Days 1	
Sex Female	Color or Race white	Birthplace Bath		Occupation Chew		Where Residing if not at place of death	
Married, Single or Widowed Single	Name of Wife or Husband	Father's Name Elsie Cobcock		Father's Birthplace Md		Mother's Birthplace Dagon	
Mother's Maiden Name Annie Cowley	Mother's Birthplace Dagon		Name of person giving Information Elsie Cobcock		How related to deceased Daughter		

CAUSES OF DEATH

72

How long

2 x hours

How long

PHYSICIAN
OR CORONER

Primary

Tetanus

Immediate

Are the name, age, sex, color, date
and place correctly given above?

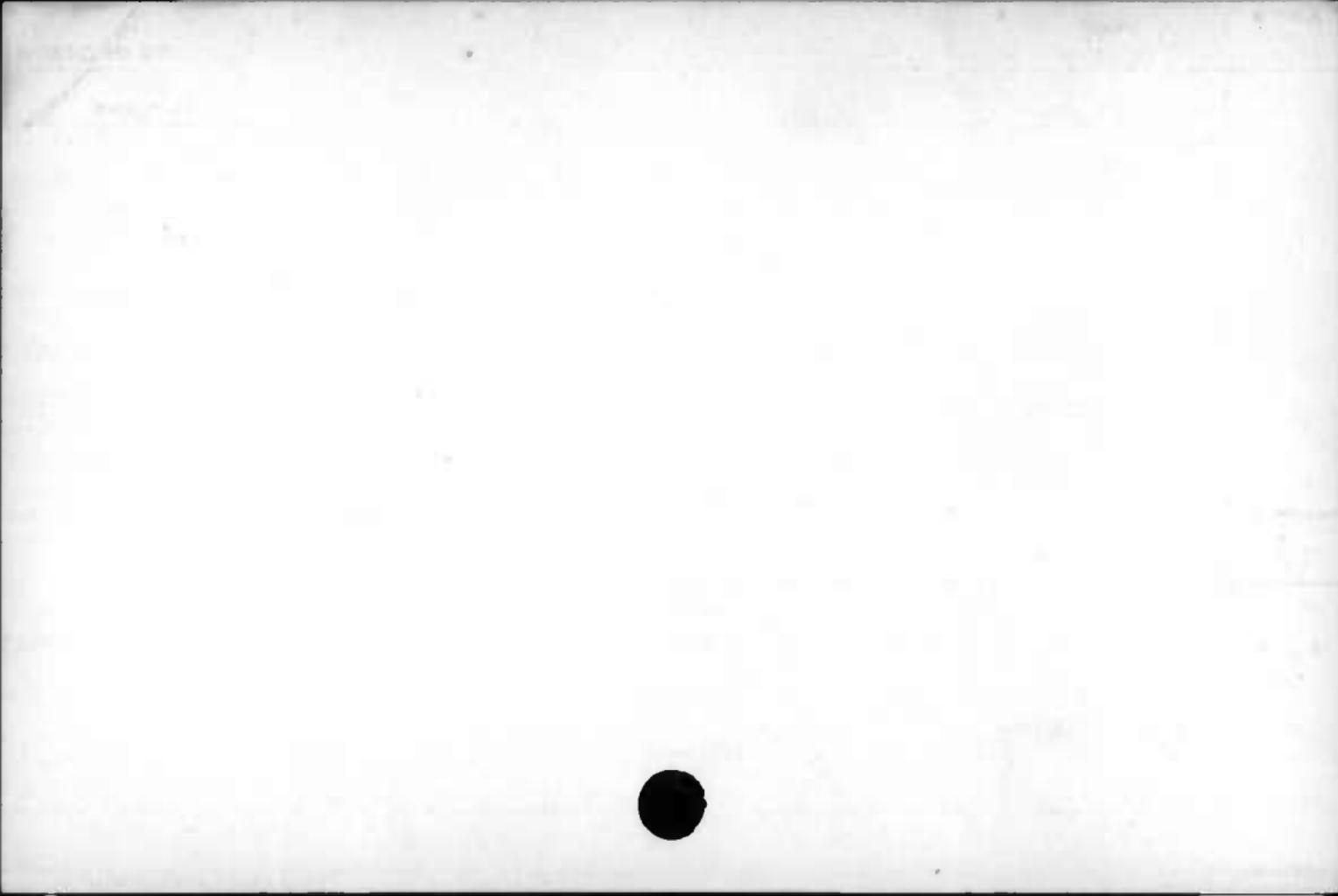
Signature of
Physician

Address

John Hanan, Jr.
Middle River, Md.

Accident or Suicide?

21



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mamie Carey

CERTIFICATE OF DEATH

Died at Lutherville Town Baltimore County

MARYLAND

Date of death 1908 Month 3 Day 23 Years 38 Months 0 Days 24

Sex Female Color or Race Colored Birth-place Sandy Spring ^{Md.}

Occupation Housewife Where Residing if not
at place of death

Married, Single
or Widowed married Name of Wife or
Husband Wm Carey

Father's Name Hayward Floyd

Father's Birthplace South Carolina

Mother's Maiden Name Jane Bowles

Mother's Birthplace Sandy Spring ^{Md.}

Name of person giving
Information Hayward Floyd

How related
to deceased Father

CAUSES OF DEATH

40

Primary Tumor of Stomach

How long about a year

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. Thos. C. Bussey

Address

Texas ^{Md.}

Accident or Suicide?

at
Barns Townson Cemetery.

Alfred Henrake ~~undated~~
598 W. Biddle St.

Name
in
Full

Catherine. H. Bone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Hamilton</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>27</u>	Age <u>72</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>Hamilton Balt. County</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Josephine Bone</u>	Father's Birthplace <u>Germany</u>				
Father's Name <u>Jacob Steffauer</u>	Mother's Birthplace <u>"</u>					
Mother's Maiden Name <u>Charlotta Doffler</u>	How related to deceased <u>Niece</u>					
Name of person giving information <u>Mrs Frederick Link</u>						
CAUSES OF DEATH						
Primary <u>Bright's disease</u>						
Immediate <u>Paralysis</u>						
How long <u>several years</u>						
How long <u>several hours</u>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>B. B. E. Vogler M.D.</u>			
		Address	<u>Hamilton ave & Harford Road</u>			
Accident or Suicide?		<u>None</u>				

Christian Miller
2334 Jefferson St
/ London Park Cemetery

Name
in
Full

Charles W. Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Stoab		Town	County Baltimore		MARYLAND		
Date of death 1908	Month March	Day 30	Age 76	Years	Months 5	Days 25	
Sex Male	Color or Race White	Birth-place Rhode Island					
Occupation Stationary Engineer	Where Residing if not at place of death Many Cook						
Married, Single or Widowed Widow	Name of Wife or Husband Many Cook	Father's Birthplace Unknown					
Father's Name Unknown	Mother's Birthplace Unknown						
Mother's Maiden Name Unknown	How related to deceased Son						
Name of person giving information C. Cook							

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

Intermediate

Immediate

Paralysis

How long

12 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F. A. Glantz

Address

41 Easter Ave. Et.

Accident or Suicide?

W. J. Tichner & Sons.

Albion

Delaware

March 30/05

Name
in
Full

Benjamin P. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Near Parkton		Baltimore					
Date of death	1908	Month 3	Day 13	Years 77	Age	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Farmer		Where Residing if not at place of death		Md.		
Married, Single or Widowed	Widow	Name of Wife or Husband	Nancy Cooper				
Father's Name	Pegs Cooper		Father's Birthplace	Md.			
Mother's Maiden Name	Supt. Knapp		Mother's Birthplace				
Name of person giving Information	Sallie L Cooper		How related to deceased	Niece			

CAUSES OF DEATH

120

How long

1 year

3 months

Primary

Chronic Nephritis

Immediate

Dropsy

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

R. R. Morris

Parkton
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary A. Curlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore, County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Balto. Md.	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Husband	Lewis G. Curlett (Dead)			
Father's Name	Solomon Gleen		Father's Birthplace	Md.		
Mother's Maiden Name	Elizabeth Sims		Mother's Birthplace	Md.		
Name of person giving Information	Lewis Curlett		How related to deceased	Son		

CAUSES OF DEATH

66

How long

PHYSICIAN
OR CORONER

Primary

age

Immediate

Paroxysis

How long

2 year

Are the name, age, sex, color, date and place correctly given above?

yes.

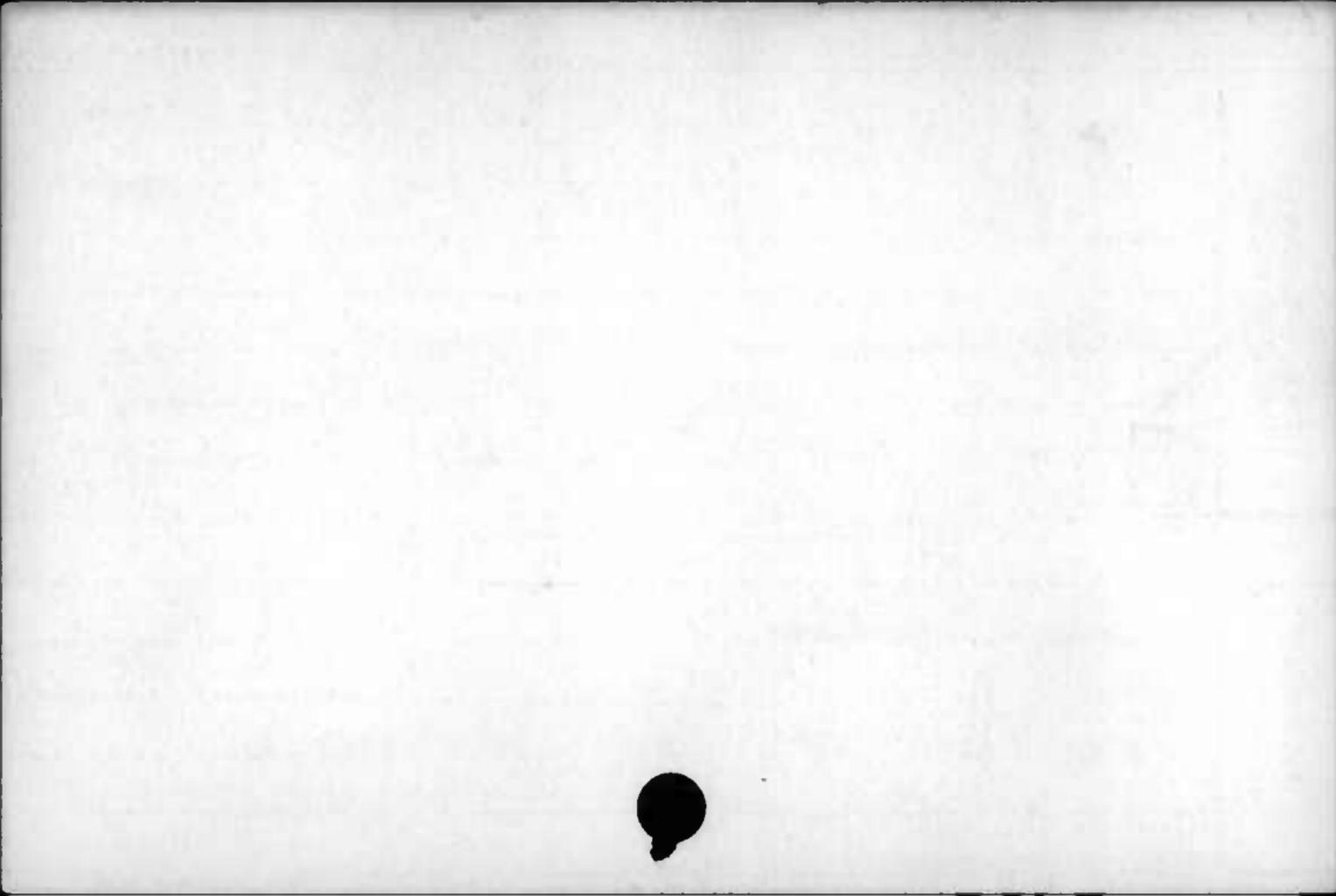
Signature of Physician

Dr. W. P. Morgan

Address

315 N monument

Accident or Suicide?



Name
in
Full

Sarah Curley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		508 Boundary Ave		Gorhamstown		County		MARYLAND			
Date of death	1908	Month	March	Day	2	Years	83	Months	1	Days	9
Sex	Female	Color or Race	white		Birth-place		washington dc				
Occupation	none		Where Residing if not at place of death		508 Boundary Ave						
Married, Single or Widowed	widowed		Name of Wife or Husband								
Father's Name	George W. Winterhalter		Father's Birthplace		Germany						
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown						
Name of person giving Information	Nannie R. Kelly		How related to deceased		friend						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Evans MD

602 Lector Ave

Accident or Suicide?

Burial Cathedral Cem
on March 4 1808

Wm. Cook Jr

5028 North Ave

Name
in
Full

Sarah E. Garrett.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	G. T. Garrett.				
Mother's Maiden Name	Ella W. Warner				
Name of person giving information	G. T. Garrett				
Father's Birthplace	Md				
Mother's Birthplace	Md				
How related to deceased	Father				

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary

Scarlet Fever

How long

3 days.

Immediate

Exhaustion

How long

6 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. C. E. Elected M.D.

Spurred Point
Md

Accident or Suicide?

Armstrong, Denney Co.

415 High St.

Mt. Carmel Cemetery.

March 4/08.

Name
in
Full

Gottie Daugerty

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

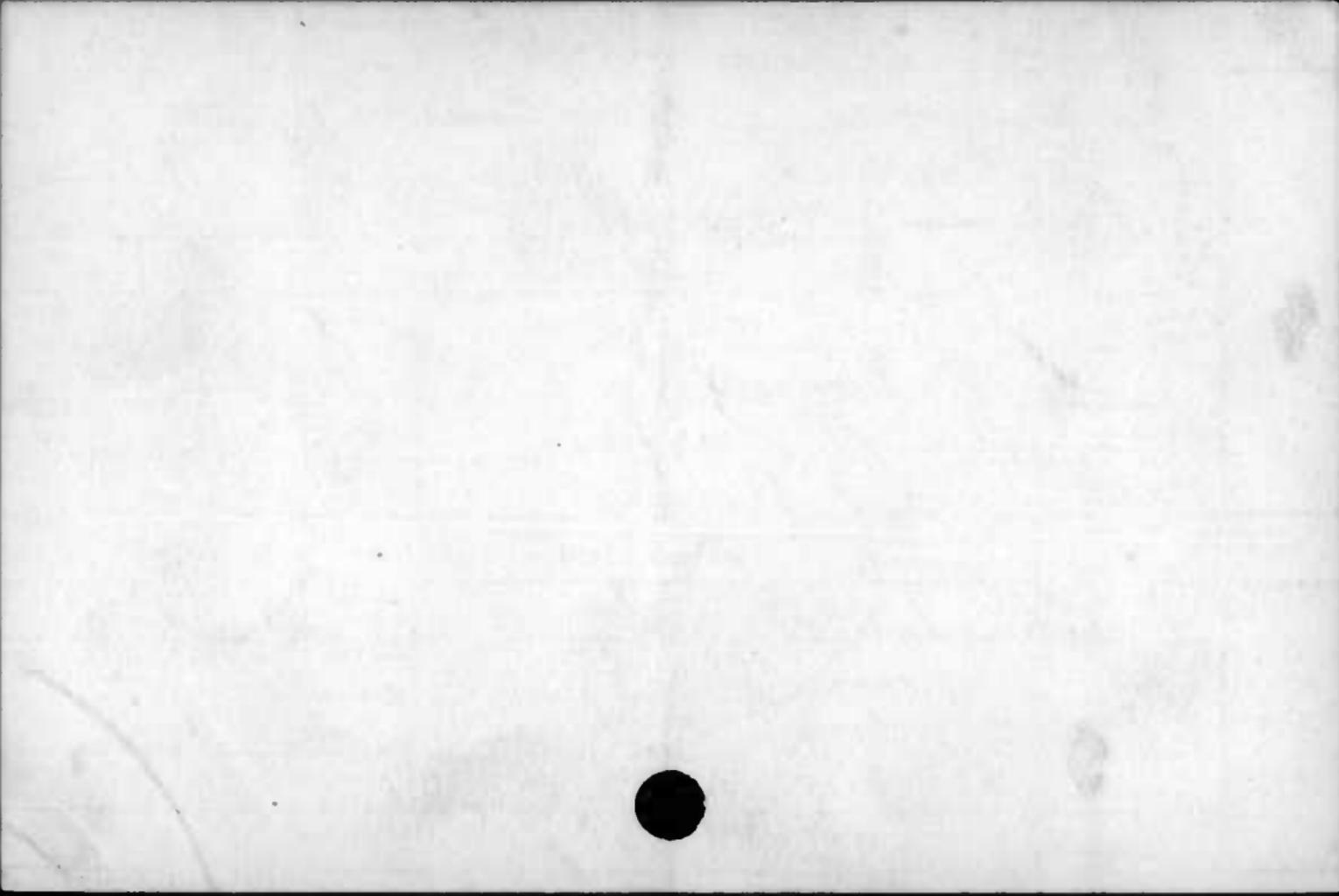
Died at		Town	County		MARYLAND	
Died at		Chase	Baltimore			
Date of death	1908	Month	Day	Years	Months	Days
Date of death	1908	Month	17	Age	76	
Sex	Female	Color or Race	Caucasian		Birthplace	Md
Occupation	Housewife		Where Residing if not at place of death		Annapolis	
Married, Single or Widowed	Single		Name of Wife or Husband		John Daugerty	
Father's Name	James Andrew		Father's Birthplace		Md	
Mother's Maiden Name	Alvorta Butler		Mother's Birthplace		Md	
Name of person giving information	John Daugerty		How related to deceased		Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	3 mo
Immediate	Hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lobace Rossview Md	
		Address		
Accident or Suicide?				



Name
in
Full

Elizabeth Day

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Year	Months	Days
Sex	Female	Color or Race	White	Age	68	
Occupation	Housewife			Where Residing if not at place of death	Simpsonville, Md.	
Married, Single or Widowed	Widow	Name of Husband	Richard Day			
Father's Name	George Metcalf			Father's Birthplace	Frederick Md	
Mother's Maiden Name	Not Known			Mother's Birthplace	Not Known	
Name of person giving Information	Annie M. Parrish			How related to deceased	Daughter	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Brain Hemorrhage, Hemiplegia

How long

6 Weeks

Immediate

Coma; Convulsions

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

yes

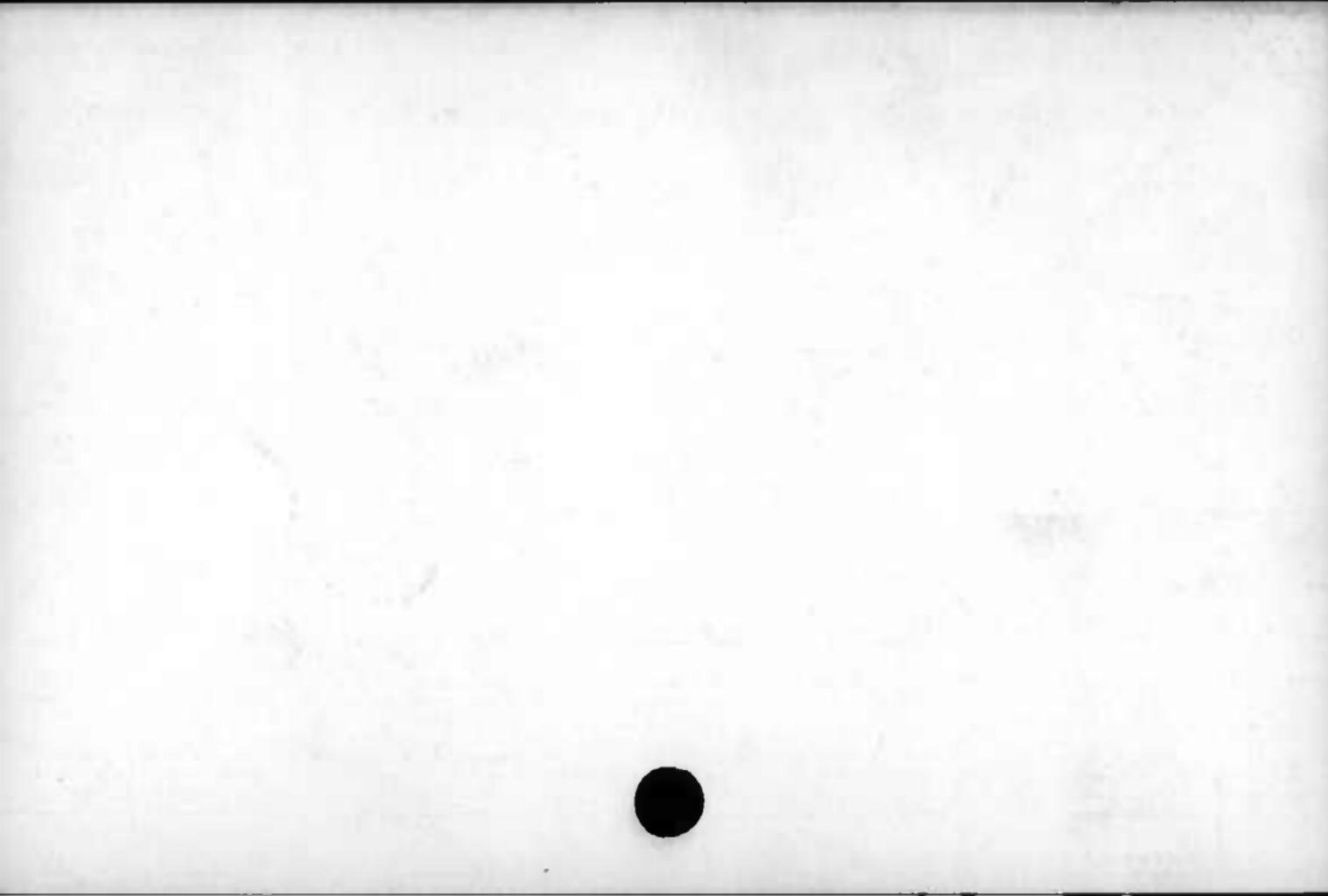
Signature of Physician

Wm. Blaumbill

Address

Ellicott City, Md.

Accident or Suicide?



Name
in
Full

Lee P. Disharoon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Baltimore			
Date of death	Month	Day	Years
1908	3	7	38
Sex	Male	Color or Race	White
Occupation	Attendant-Spiti, poor		
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Cora Taylor
Father's Name	A. P. Disharoon		
Mother's Maiden Name	Emily Dorr		
Name of person giving Information	Cora Disharoon		
Father's Birthplace Maryland			
Mother's Birthplace Maryland			
How related to deceased Wife			

By fall down a flight of stairs.

7 CAUSES OF DEATH

Primary Fracture Base of Skull

164

How long 2 days

Immediate Pressure from haemorrhage

How long 24 hours -

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Henry B. Whitley
Coroner

Yes

Accident -

Catonsville, Md -

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

John Doloures

Orange Post Office Baltimore

MARYLAND

Date
of death

1908

Month

March

Day

18th

Years

15

Months

3

Days

8

Sex

Male

Color or
Race

Age

15

Birth-
place

Baltimore

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frank Doloures

Father's
Birthplace

Germany

Mother's
Maiden Name

Teresia Horner

Mother's
Birthplace

Austria

Name of person giving
Information

Teresia Doloures

How related
to deceased

Mother

CAUSES OF DEATH

93

How long

Primary

Pneumonia

How long

Immediate

Sam A. Thompson
Box Highland Ave
Baltimore Co Md

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?

Louis Freeman —
32 S. Broadway

Old Methodist
Cemetery —
North Point road.
March 20/1908.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dorman, Leavene

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			<input checked="" type="checkbox"/>	
Married, Single or Widowed	Name of Wife or Husband	unk	<input checked="" type="checkbox"/>		
Father's Name	unk			Father's Birthplace	unk.
Mother's Maiden Name	unk	Mother's Birthplace			unk.
Name of person giving information	<input checked="" type="checkbox"/>			How related to deceased	

CAUSES OF DEATH

92

Primary

Senile Dementia

How long

4 yrs

Immediate

Pneumonia

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

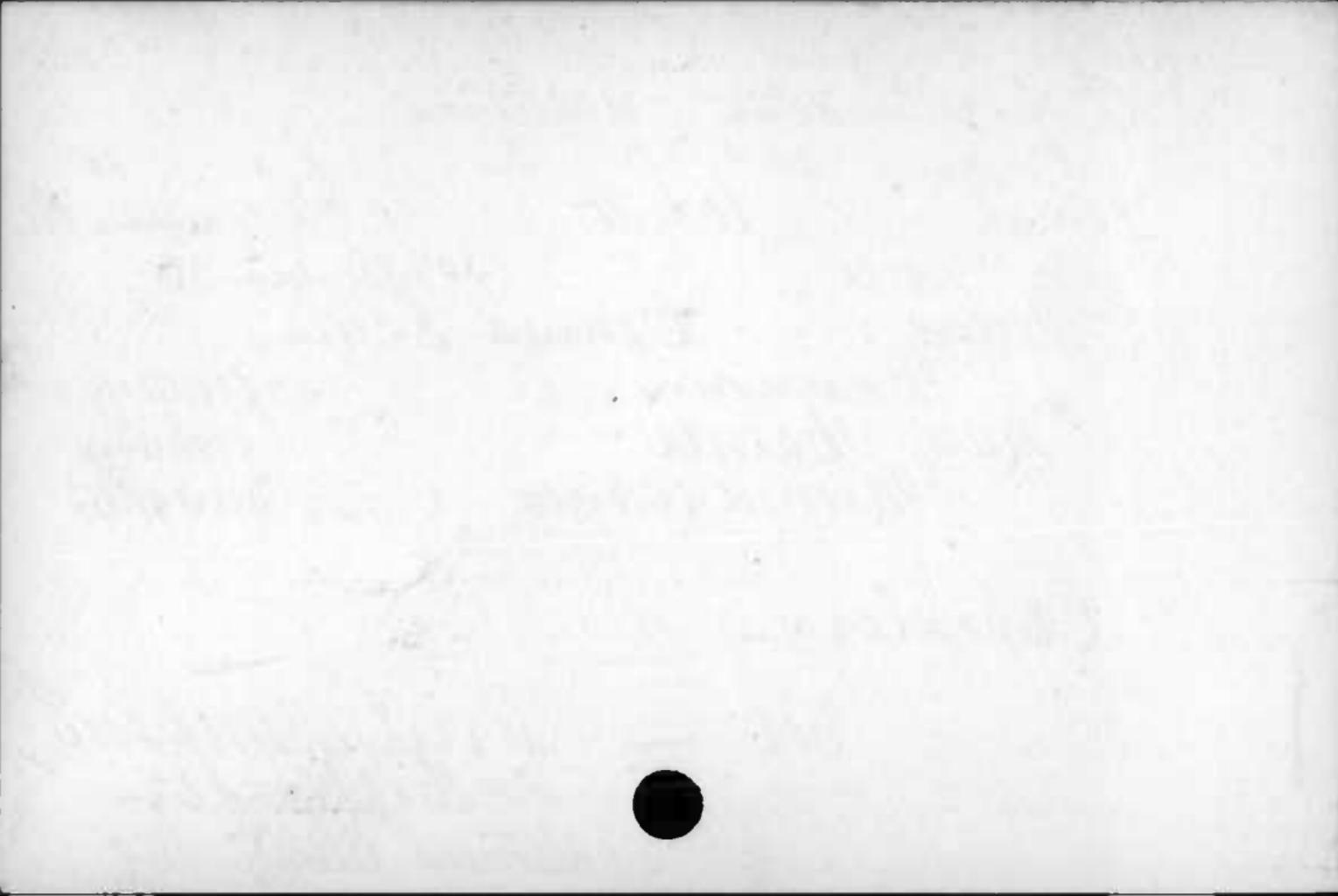
Signature of Physician

Address

Percy Niles
Leatonsville, Md

No

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	52	Birth-place		
Occupation	Where Residing if not at place of death		Philadelphia Penn			
Married, Single or Widowed	Name of Wife or Husband	304 Bouldin St				
Father's Name	Unknown		Father's Birthplace			Germany
Mother's Maiden Name	Mary Horner		Mother's Birthplace			Germany
Name of person giving information	Minnie Warden		How related to deceased			Daughter

CAUSES OF DEATH

64

How long

How long

OR CORONER

Primary

Apoploly

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yd

Signature of Physician

Address

David Thompson
1600 Highlandtown
Baltimore County Md

Accident or Suicide?

Trinity County
Mar. 27. 1908
Sandusky.



Name
in
Full

Leonard Ells.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		MARYLAND					
Date of death	1908	Month	March	Day	4	Years	81	Months	0	Days	0
Sex	Male	Color or Race	White	Birth-place	Germany.						
Occupation	Carpenter		Where Residing if not at place of death	Lella							
Married, Single or Widowed	Married	Name of Wife or Husband	Mary L. Ells								
Father's Name	Dont Know		Father's Birthplace	Germany							
Mother's Maiden Name	Dont Know		Mother's Birthplace	Germany.							
Name of person giving information	Elisabeth H. Hinman		How related to deceased	Daughter							

CAUSES OF DEATH

154

How long
8 weeks

How long
4 weeks

Primary

Infirmitiy of age

Immediate

Infirmitiy

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. B. Morris, M.D.
Ellicott City

Accident or Suicide?

Castor Sons.

Name
in
Full

Frances H. Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

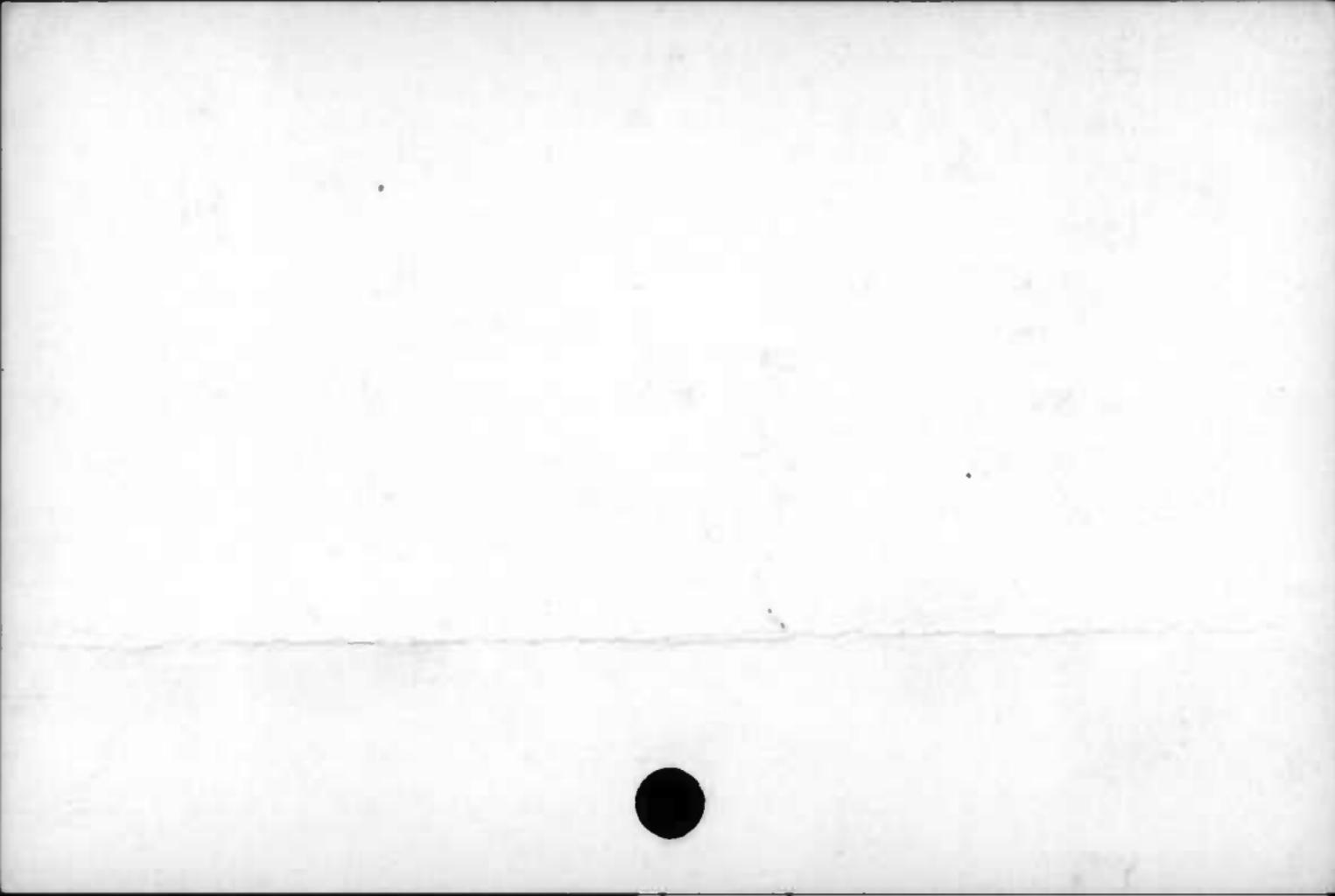
Died at	Town		County		MARYLAND	
Philopolis			Baltimore			
Date of death	Month	Day	Years	Age	Months	Days
1908	8	81 st	54		—	—
Sex	Color or Race		Birth-place			
Female	White		Princeton			
Occupation	Where Residing if not at place of death		Philopolis			
Housewife			Geo. W. Ensor			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Baltimore	
	Geo. W. Ensor		Mother's Birthplace		" "	
Father's Name	Samuel Price		How related to deceased		Husband	
Mother's Maiden Name	Sarah Ensor					
Name of person giving information	Geo. W. Ensor					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Carcinoma of breast	
Immediate	General exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	R. M. Sherman, M.D.	
	Glenmore, Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lawrence Euson

CERTIFICATE OF DEATH

Died at <u>Freeland's</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>17</u>	Years <u>9</u>	Mont's <u>11.</u>	Days <u>19</u>
Sex <u>Male</u>	Color or Race	Birth-place <u>Md</u>			
Occupation <u>House</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Herbert C. Euson</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Nellie Hoskall</u>	Mother's Birthplace <u>11</u>				
Name of person giving Information <u>H.C. Euson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

47

Primary Acute Inflammatory Rheumatism About 6 weeks.
How long

Immediate Paralytic Heart. How long

Are the name, age, sex, color, date and place correctly given above?

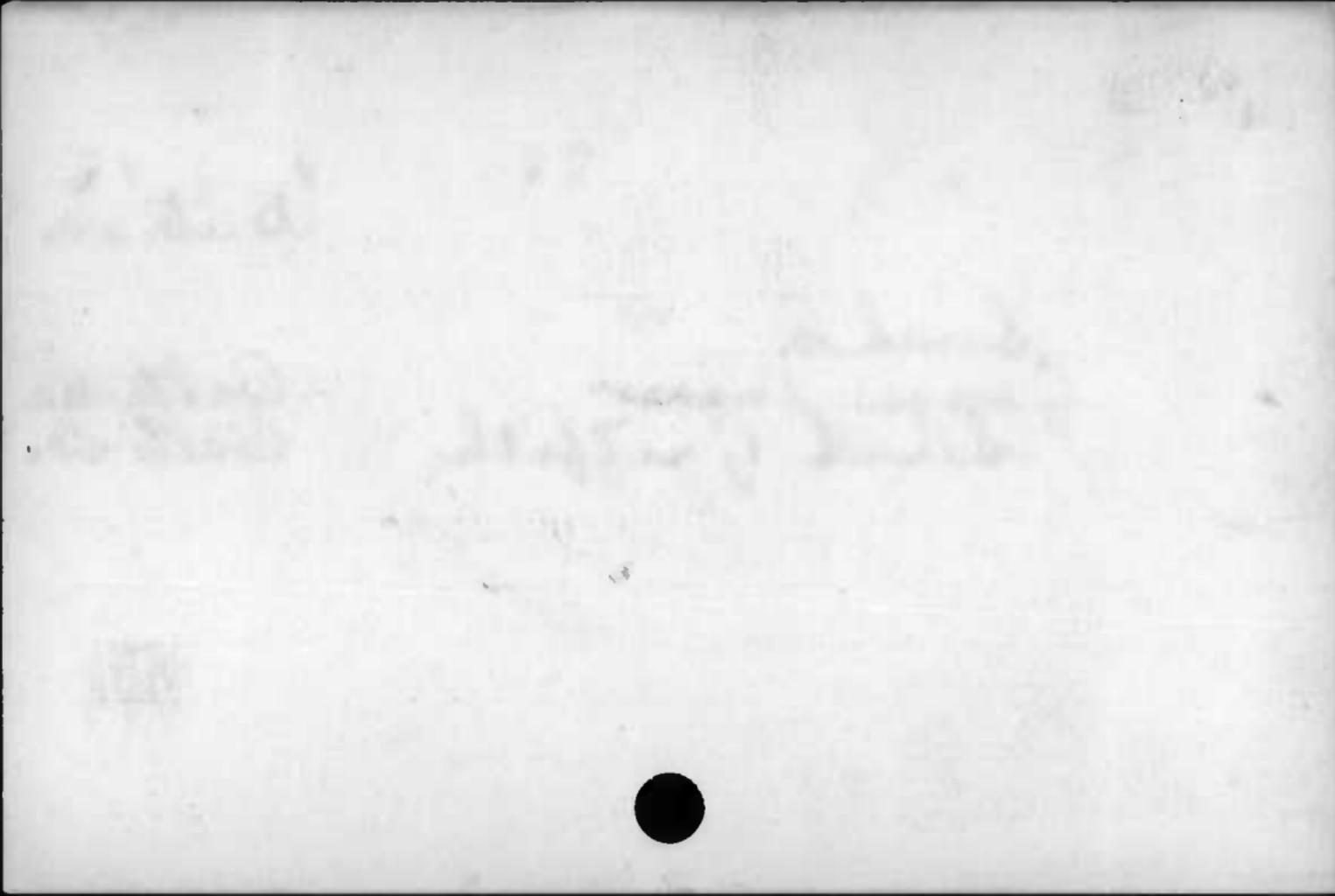
Yea.

Signature of Physician

Address

Jas. L. Yagle.
New Freedom, Pa.

Accident or Suicide?



Name
in
Full

Nathan Eusor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Mar	Day 19	Years 8.2	Months 9	Days 12
Sex male	Color or Race white	Occupation Shoemaker			
Married, Single or Widowed married					
Name of Wife or Husband Sarah L. Eusor					
Father's Name George Eusor				Father's Birthplace Balto. Co.	
Mother's Maiden Name Sarah Griffith				Mother's Birthplace Balto. Co.	
Name of person giving Information Frances Kelly				How related to deceased Daughter	

CAUSES OF DEATH

90

How long

four days

How long

suddenly

PHYSICIAN
OR CORONER

Primary

Acute Bronchitis & Indigestion

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

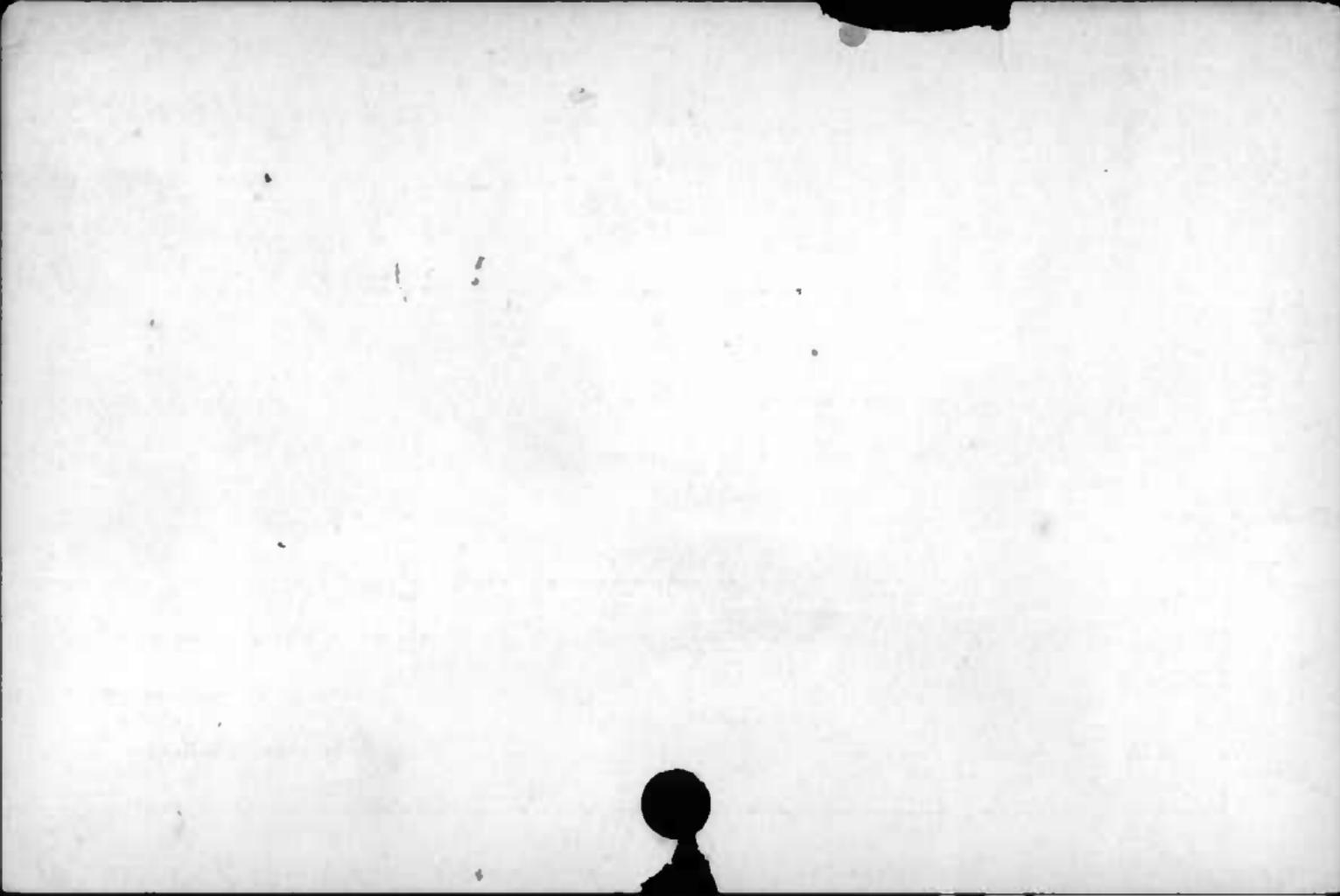
Signature of
Physician

A. B. Mitchell.

Address

Mount Royal
Md.

Accident or Suicide?



Name
in
Full

Mary Francis Fairbanks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Govans Woods Baltimore</u>		County		MARYLAND		
Date of death <u>1908 March</u>	Month <u>March</u>	Day <u>12</u>	Years <u>1</u>	Months <u>6</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>426 Whetridge St Baltimore</u>				
Occupation <u>Infant</u>	Where Residing if not at place of death <u>506 Arlington Ave Govans</u>					
Married, Single or Widowed	Name of Wife or Husband <u>John S Fairbanks</u>	Father's Birthplace <u>Ohio</u>				
Mother's Maiden Name <u>Catharine C. Tolzman</u>		Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Mary Fairbanks Uncle</u>		How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

92

Primary Catarrhal Pneumonia

How long

10 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.C. Morton M.D.
638 N. Gilmer St
Baltimore Md.

Accident or Suicide?

E. J. Wickefield Jr
2113 Greenmount Ave
New Cathedral Cemetery

Name
in
Full

My Mary Flynn -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Highlandtown		Balto. Co.					
Date of death	Month	Day	Years	Months	Days		
1908	March	11	48	-	-		
Sex	Female	Color or Race	white	Birth- place	Ireland		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	James E. Flynn		Father's Birthplace	Ireland	
Father's Name	William Gateley				Mother's Birthplace	Ireland	
Mother's Maiden Name	Margaret Gateley				How related to deceased	Husband	
Name of person giving Information	James E. Flynn						

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary

Cancer of the Throat

How long

Since Nov 1, 1907.

How long

15 March 1908.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Holy Cross Cemetery

F. A. Krause & Bro
Undertakers

March 14/08 —

Name
in
Full

Henry F. Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Unknown				
Father's Name	Unknown					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving information	A. Worrell					How related to deceased
CAUSES OF DEATH						
Primary	Embolism					How long
Immediate						How long

PHYSICIAN
OR CORONER

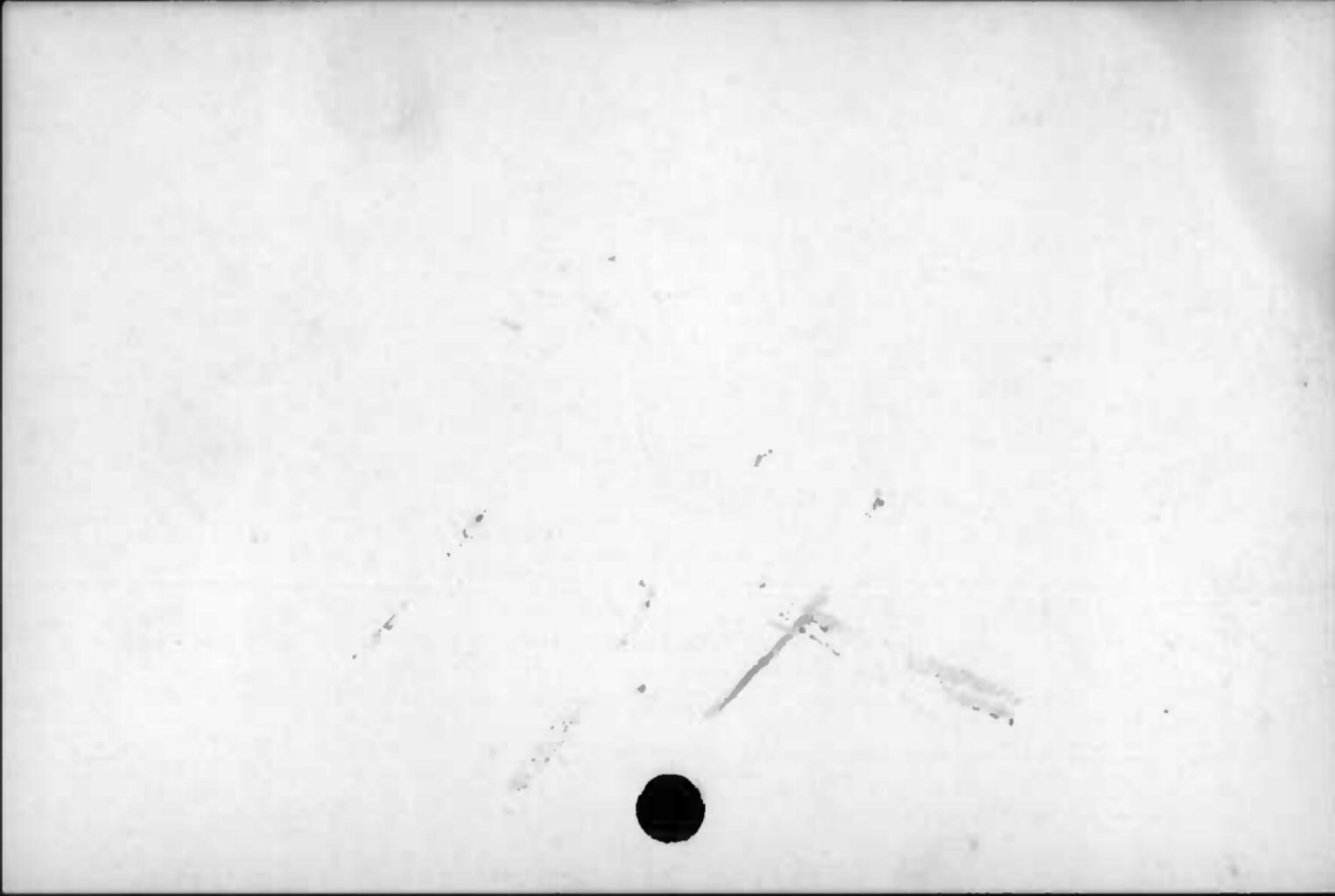
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. M. Slade
Registers town, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William W. Frazer

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1908	Month March	Day 22	Years 80	Months 10	Days 18
Sex	Male	Color or Race	Age 73		Birth-place Maryland	
Occupation	Carpenter		Where Residing if not at place of death Baltimore			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah H. Frazer			
Father's Name	Joseph Frazer		Father's Birthplace Not Known			
Mother's Maiden Name	Elizabeth Talbott		Mother's Birthplace Not Known			
Name of person giving information	Mrs. Lydia L. Brue		How related to deceased Daughter			

CAUSES OF DEATH

64

Primary

Cirrhotic Liver

How long

2 years

Immediate

Cholera

How long

Never

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

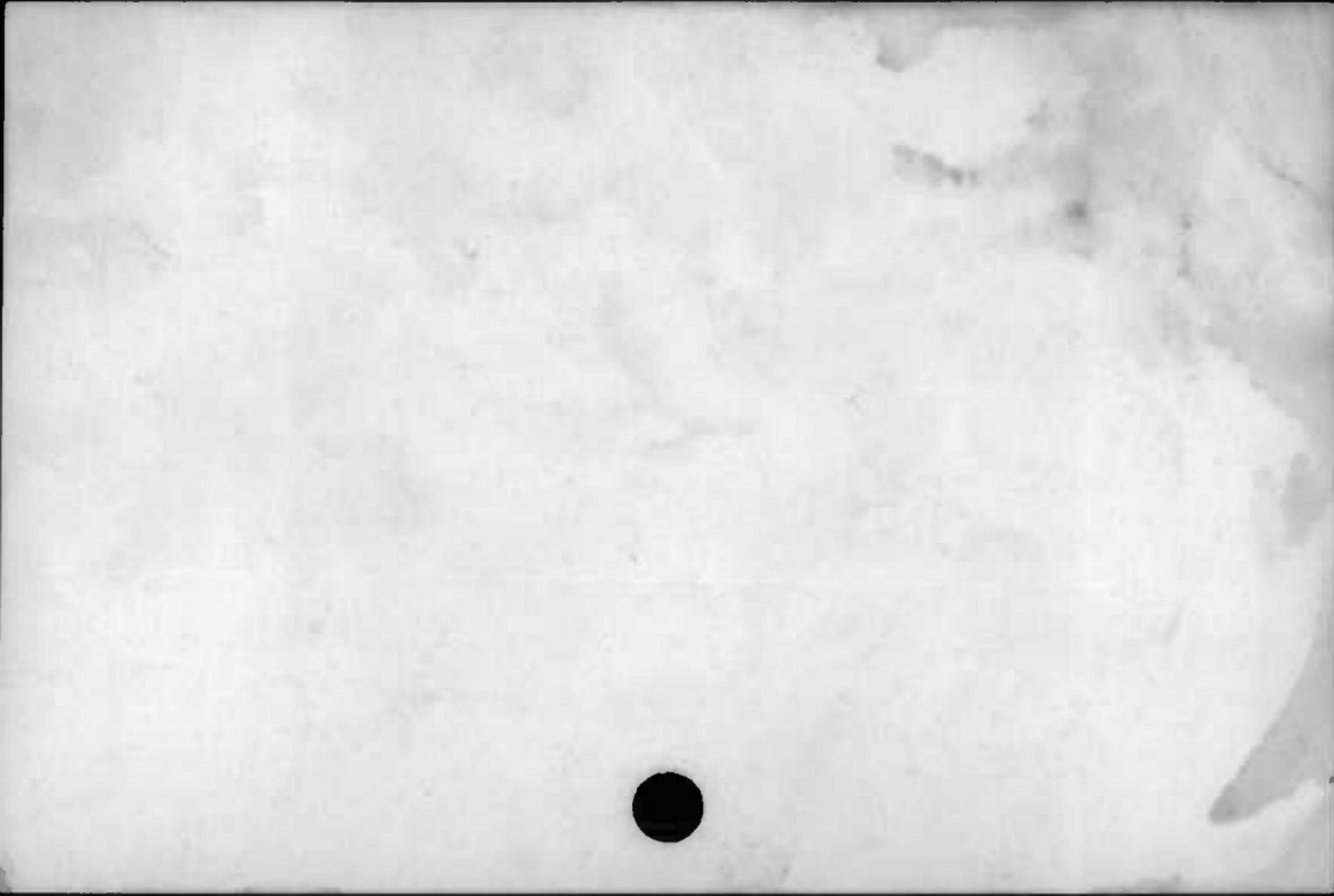
Address

Wm. B. Bupper

Baltimore

Accident or Suicide?

Not Served



Name
in
Full

Infant

Eluer Fugate & Florence E. Fugate

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar.	Day 22	Years	Months	Days	
Sex	Female		Color or Race	White		Birth-place	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Mother's Birthplace		
Father's Name	Eluer Fugate		Md		Baltimore, Md		
Mother's Maiden Name	Florence E. Burgay		How related to deceased				
Name of person giving information	S						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prolapse cord

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm F. Clayton, M.D.
Gardenville, Md.

Accident or Suicide?

Christian Miller
2334 Jefferson St

Jerusalem Cemetery
March 20th

Name
in
Full

John Edward Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 25	Years 23	Months 1	Days 13
Sex	Male	Color or Race	Colored	Birth-place	Balti. Co.	
Occupation	Farm Laborer		Where Residing if not at place of death	Philopolis		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John H. Gardner		Father's Birthplace	Md		
Mother's Maiden Name	Erietta Johnson		Mother's Birthplace	Md		
Name of person giving information	John H. Gardner		How related to deceased	Father		

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 8 months
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

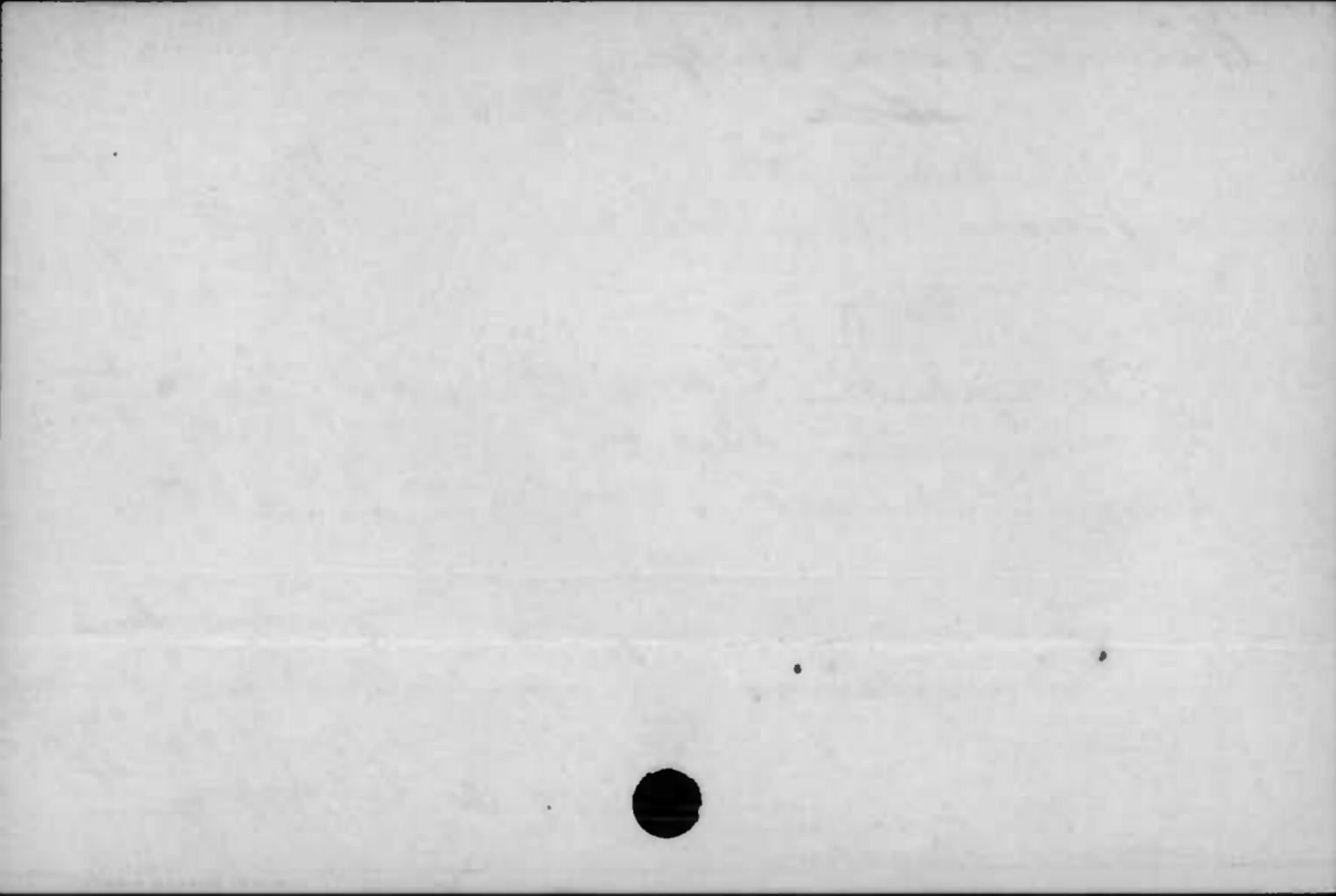
Yes.

Signature of Physician

Address

Wilmer C. Eason
Cockeysville
Md.

Accident or Suicide?



Name
In
Full

Mildred Vernon Garrity

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

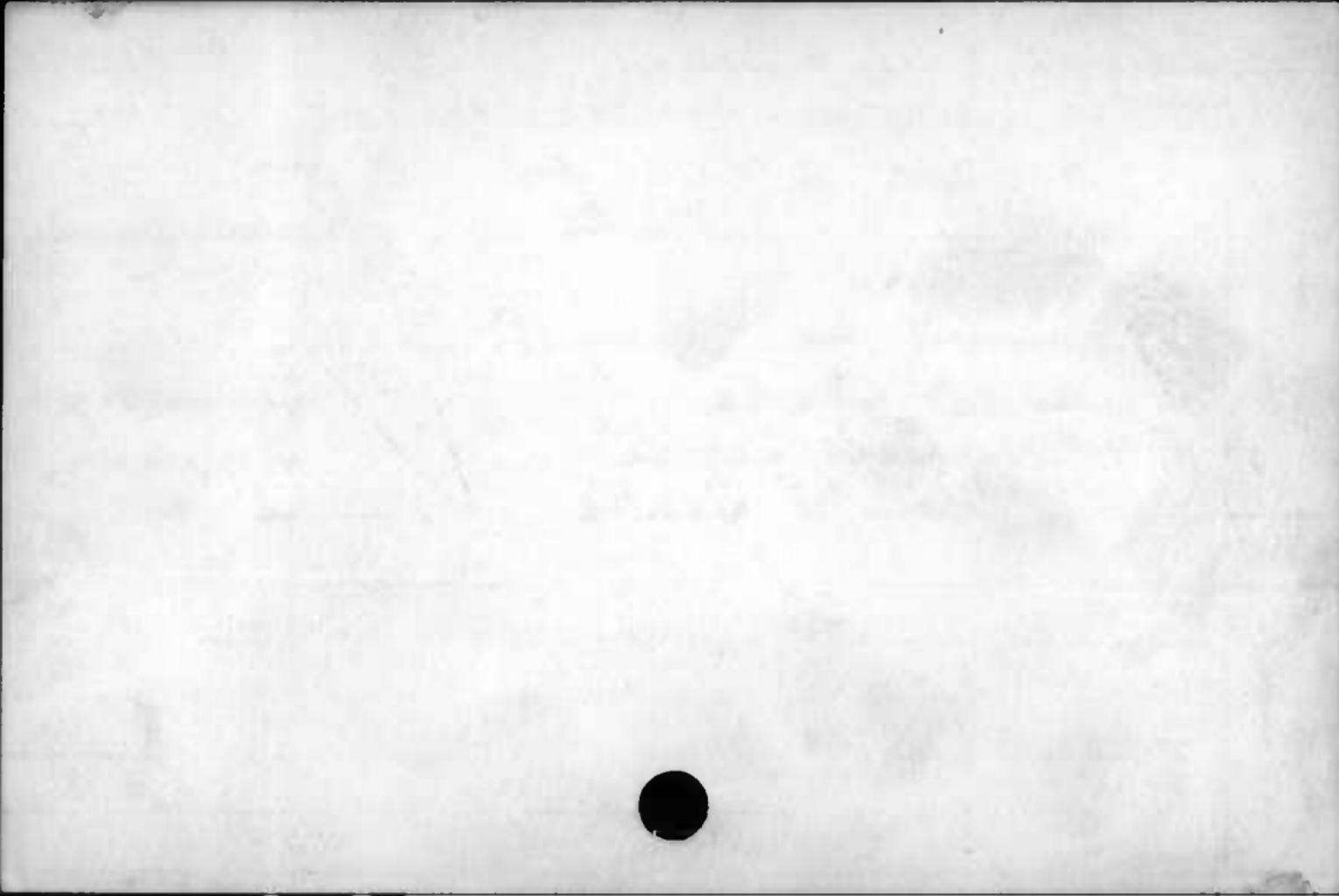
Died at	Town	Rockdale	County	Baltimore	MARYLAND
Date of death 1908	Month	March	Day	3 rd	Years
Sex	Female	Color or Race	White	Age	Months
Occupation	None	Where Residing if not at place of death			Days
Married, Single or Widowed	Name of Wife or Husband		Baltimore		
Father's Name	Edward J. Garrity		Father's Birthplace	Baltimore	
Mother's Maiden Name	Catherine Buttr		Mother's Birthplace	Baltimore	
Name of person giving information	Edward J. Garrity		How related to deceased	Father	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis		How long	2 weeks
Immediate	Convulsions. Strangulation		How long	about a week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. B. Keyzeder M.D.	
Address	809 N Charles St			
Accident or Suicide?	Neither			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward A. Gerke
near Woodlawn

CERTIFICATE OF DEATH

Town
Died at
Date
of death 1908 Month Mar Day 27 Age 71 Years
Sex Male Color or Race white Birth-place Pennsylvania
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Mary E. Gerke
Father's Name August Gerke Father's Birthplace Germany
Mother's Maiden Name Minnie Gerke Mother's Birthplace Germany
Name of person giving information Mary E Gerke How related to deceased Wife

CAUSES OF DEATH

27

Primary

Pulmonary Consumption about 2 yrs

How long

Immediate

General Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

J. H. Stultz M.D.
Catoctinbelli

bed

Accident or Suicide?



Name
in
Full

Temperance Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	First	Age 99	10	1
Sex	Female	Color or Race	White	Birth-place	
Occupation	as it Housekeeper (retired)		Where Residing if not at place of death	Garrison	
Married, Single or Widowed	Widow	Name of Wife or Husband	Rebecca Gore	Father's Birthplace	
Father's Name	Nicholas Gore			England	
Mother's Maiden Name	Mary Brooks			Mother's Birthplace	
Name of person giving Information	Bettie Gore Bell			How related to deceased	
				Daughter	

CAUSES OF DEATH

154

How long about ten
years
How long about 24 hours

PHYSICIAN
OR CORONER

Primary Infirmitie of old Age

Immediate Heart failure

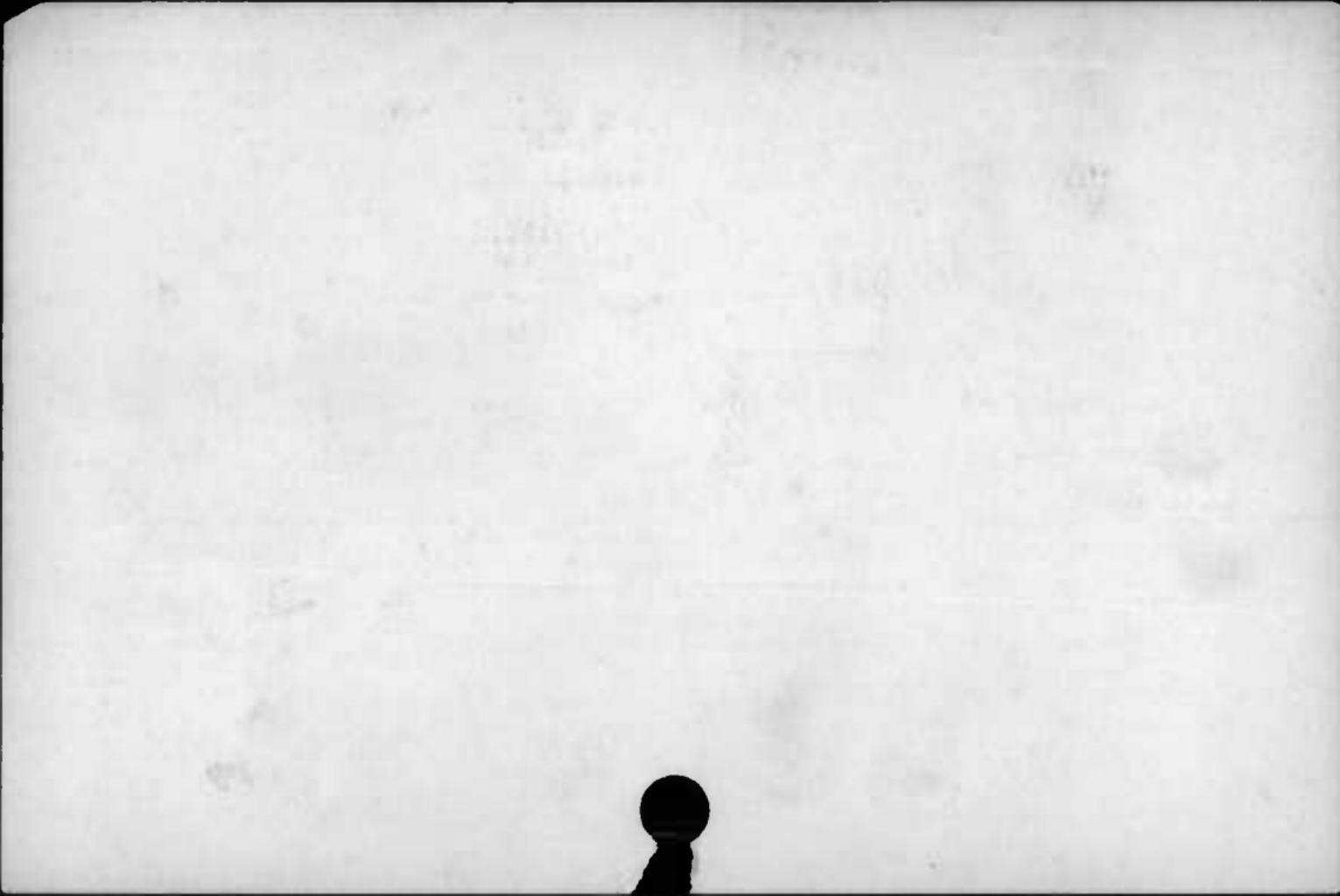
Are the name, age, sex, color, etc.
and place correctly given above?

Signature of Physician

Address

W.H. Campbell
George's Mills, Md

Accident or Suicide?



Name
in
Full

Thos. Thomas Graley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	71		
Occupation	Where Residing if not at place of death			Gardenville		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Margaret Graley			
Father's Name	Unknown			Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown			Mother's Birthplace	"	
Name of person giving information	Henry Bush			How related to deceased	Son-in-law	

CAUSES OF DEATH

154

How long

How long

Primary

Dental decay

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

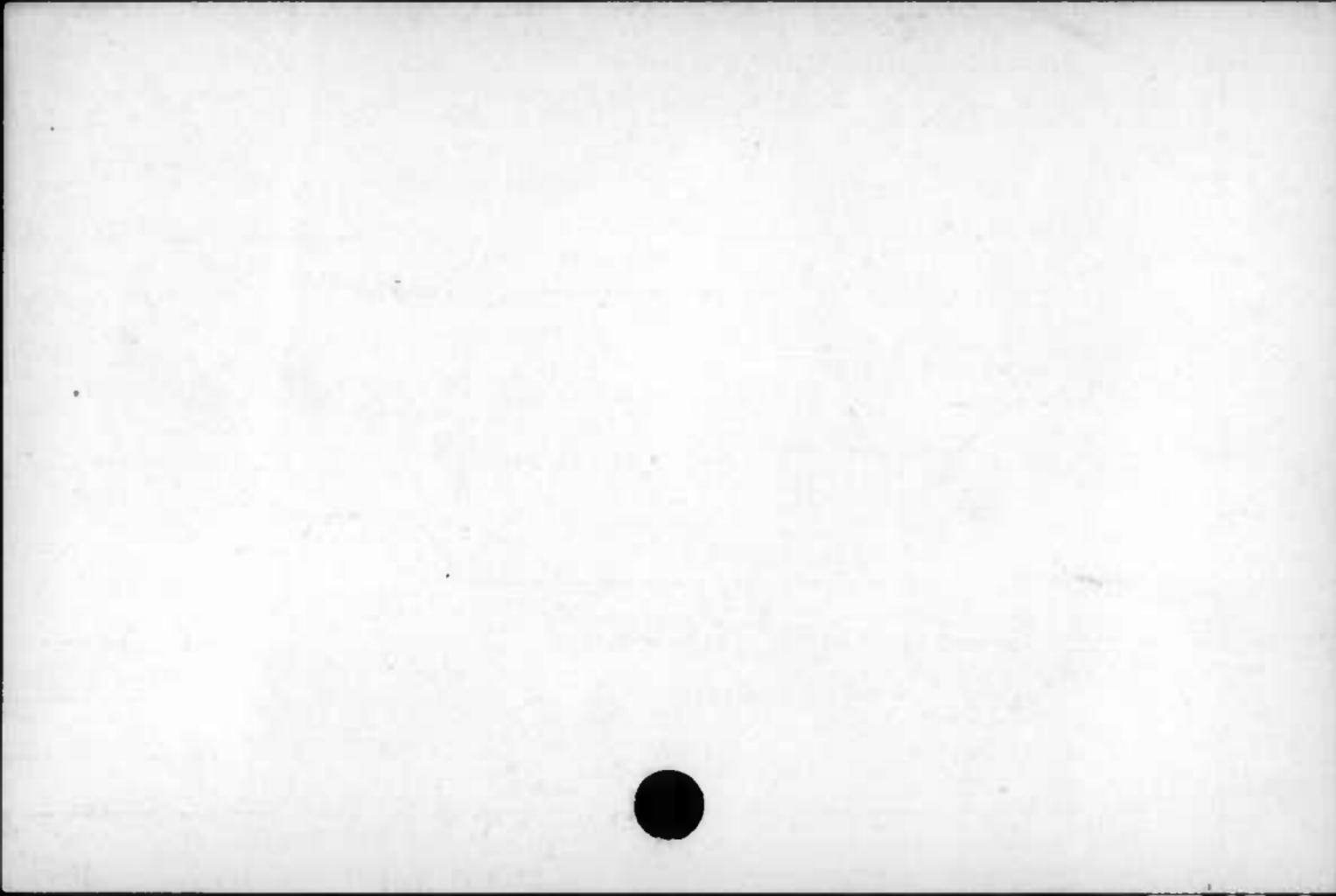
yes

Signature of Physician

Address

Thos. D. George
Gardenville, Md

Accident or Suicide?



Name
in
Full

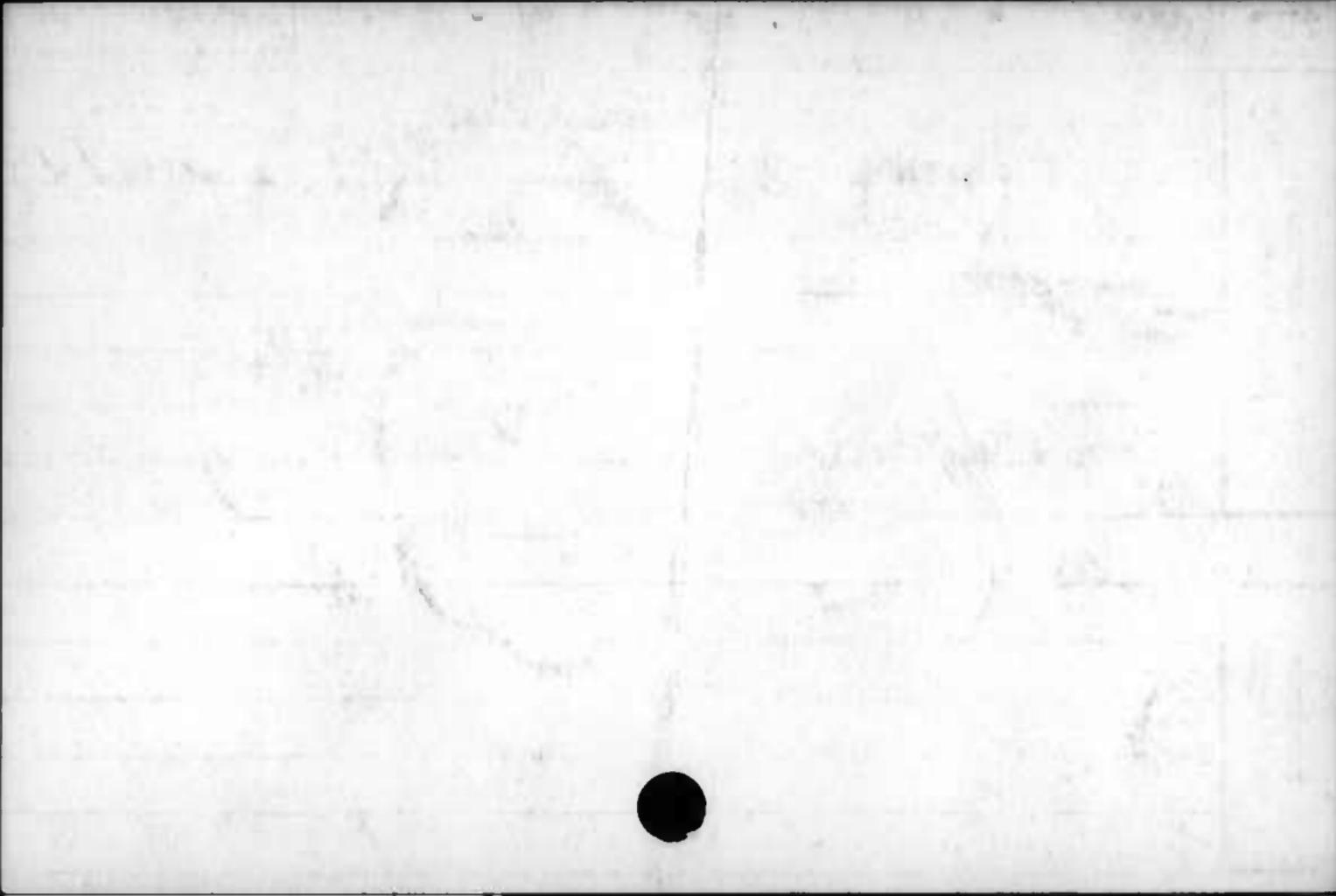
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Julia M. Greely						
Died at Sparrows Point		Town Balto		County		
Date of death 1908	Month March	Day 3	Years	Months	Days	2 weeks
Sex Female	Color or Race	Age		Birth-place	Sparrows Point	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Daniel Greely					Father's Birthplace
Mother's Maiden Name	Catherine Kelly					Mother's Birthplace
Name of person giving information	Daniel Greely					How related to deceased
CAUSES OF DEATH						
Primary	Pneumonia					151
Immediate	Insufflation					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
			Address		2 weeks	
Accident or Suicide?					Sparrows Point	
					Md.	

PHYSICIAN
OR CORONER



Name
in
Full

Clara Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Roland Park		Baltimore Co					
Date of death	1908 March	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Age	73	—	
Occupation	A housewife		Where Residing if not at place of death	Baltimore Md 32 Evansdale Rd			
Married, Single or Widowed	Widowed	Name of Wife or Husband	John Le Ray Green				
Father's Name	Thomas Mc Knight		Father's Birthplace	New York			
Mother's Maiden Name	Susan Ann Bole		Mother's Birthplace	Baltimore Md			
Name of person giving information	Mary E Delcher		How related to deceased	Cousin			

CAUSES OF DEATH

177

How long

PHYSICIAN
OR CORONER

Primary	Old age.		
Immediate	Ascites Anasarca Emonekt.		
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	H. Austin Delcher
		Address	2800 E. Hoffman St. Balto. Md.
Accident or Suicide?			

March 6, 1908

Greenmount Cemetery
W^m Cook
502 E North Ave

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Martha Louisa Giintensberger

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Aug	24 th	Age	11	27	
Sex	Female	Color or Race	White	Birth-place	Balto Co.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	m			
Father's Name	Albert Giintensberger			Father's Birthplace	Switzerland	
Mother's Maiden Name	Sophia Rieger			Mother's Birthplace	Germany	
Name of person giving Information	Albert Giintensberger			How related to deceased	Father	

CAUSES OF DEATH

28

How long

34 days.

How long

Primary

Meningitis tuberculosa

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Dr. A. H. A. Mayer.

Address

1618 Madison Ave.

Accident or Suicide?

Sacred Heart Cemetery

Mich. 26th 1908

Germanus ² France
Undertaker

Name
in
Full

Henry Guttentegu

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 3	Day 27	Years	Months 8	Days
Sex Male	Color or Race	adult			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				

Father's Name	Henry Guttentegu	Father's Birthplace	Germany.
Mother's Maiden Name	Barbara P. Zetzelbeck	Mother's Birthplace	Prud.
Name of person giving information	Henry Guttentegu	How Related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

you.

J.C. Schofield
1400 First St.

Accident or Suicide?

W.

Germanus Troull.

Sacred 4 Heads
Ametius.

March 27/05.

Name
in
Full

Mary Louisa Hamel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Balmon		County			MARYLAND	
Date of death	Month	Day	Years	Age	78	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Germany			
Occupation	Housework		Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Dr Ernest G. Hamel					
Father's Name	Henry Brockschmitt		Father's Birthplace	Germany				
Mother's Maiden Name	don't know		Mother's Birthplace	Germany				
Name of person giving information	Louisa E. Morgan		How related to deceased	daughter				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Screulity

How long

1 mo-

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. G. Blodde

Address

143 26 B'way

Accident or Suicide?

No

Holy Redeemer Cemetery
March 25th 1908
Germannus Fransen
Under later

Name
in
Full

John W. Harris Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Balto Co.
Occupation	None			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John W. Harris			Father's Birthplace	Pittsburg Pa.
Mother's Maiden Name	Mary E. Morgan			Mother's Birthplace	Balto Md.
Name of person giving information	John W. Harris			How related to deceased	Father.

CAUSES OF DEATH

92

Primary: Bronch. Pneumonia

8 days

Immediate: Ex haes trax

3 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Blader
14276 B'way

PHYSICIAN
OR CORONER

Accident or Suicide?

Mount Carmel Cemetery
Mch. 16 ~~in~~ 1908

Germanus Frane
Undertaker

Name
in
Full

Margaret L. Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Margaret Hawkins		
Father's Name	John Hawkins			
Mother's Maiden Name	Katherine Chapman			
Name of person giving Information	Margaret Hawkins			

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary

Asthma

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Name
in
Full

Christina Hearlie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Small Park		Town Baltimore County		MARYLAND	
Date of death 1908	Month 3	Day 23	Age	Years	Months
Sex Female	Color or Race	white		Birth-place	Days
Occupation None	Where Residing if not at place of death			Small	
Married, Single or Widowed	Name of Wife or Husband			Small	
Father's Name Brice Hearlie.				Father's Birthplace	Small
Mother's Maiden Name Delia Frederick				Mother's Birthplace	Small
Name of person giving information Chris Morris				How related to deceased	Wife

She was malformed—
missing an arm.

CAUSES OF DEATH

150

Primary asphyxiation feces passed through	How long 3 days
Immediate vagina. Pinched arm and died.	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician 13 Bell
(Inflated rectum.)	Address Mr Morris
Accident or Suicide?	

H. Sandu Son
Mandatian
Trinity Team

Name
In
Full

Still Born - Hansen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Plantation</u>		Town <u>Plantation</u> County <u>Dele.</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Downs 17 St</u>		<u>Downs + N. St</u>		
Occupation <u>—</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>		
Father's Name <u>Fredenick Hansen</u>	Mother's Maiden Name <u>Augusta Bohle</u>	Mother's Birthplace <u>Ind</u>		How related to deceased <u>Sister</u>		
Name of person giving information <u>Fredenick Hansen</u>						

CAUSES OF DEATH

Primary	<u>Dead in utero</u>	How long <u>21 hours</u>
Immediate	<u>Exhaustion Acute Bright's</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Geo. L. Tracy M.D.</u>
		Address <u>3 + George</u>
Accident or Suicide?	<u>no</u>	<u>St. John and George Ind</u>

H. B. Hughes
Bohman Cemetery
Mt. Carmel Brook.
March 25/08.

Name
in
Full

Edwara J. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>chaser</u>		Town <u>Boalt</u> County <u>Boalt</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Me</u>	Day <u>5</u>	Age <u>30</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Males</u>	Color or Race <u>Black</u>	Birth-place <u>va</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed	Name of Wife or Husband <u>Elizabeth Pitt</u>	Father's Birthplace <u>va</u>			
Father's Name	<u>unknown</u>	Mother's Birthplace <u>va</u>			
Mother's Maiden Name	<u>unknown</u>	How related <u>wife</u>			
Name of person giving information	<u>Elizabeth Pitt</u>	Cause of Death <u>27</u>			
Primary	<u>Acute Pulmonary Tuberculosis</u>		How long <u>3 mo</u>		
Immediate	<u>Seiz</u>		How long <u>3 mo</u>		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

Lilly V. Fillyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Bellgravia</u>		County <u>Baltimore Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>20th.</u>	Years <u>30</u>	Months <u>10</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frederick S. Fillyer</u>				
Father's Name <u>Frederick Fiegel</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Mary Rorlien</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving Information <u>Margaret Lueker</u>	How related <u>Sister</u>				

CAUSES OF DEATH

27

How long
about 12 mos.How long
about 2 weeks.

Primary

Pulmonary Tuberculosis

Immediate

Cardiac asthma

Are the name, age, sex, color, date and place correctly given above?

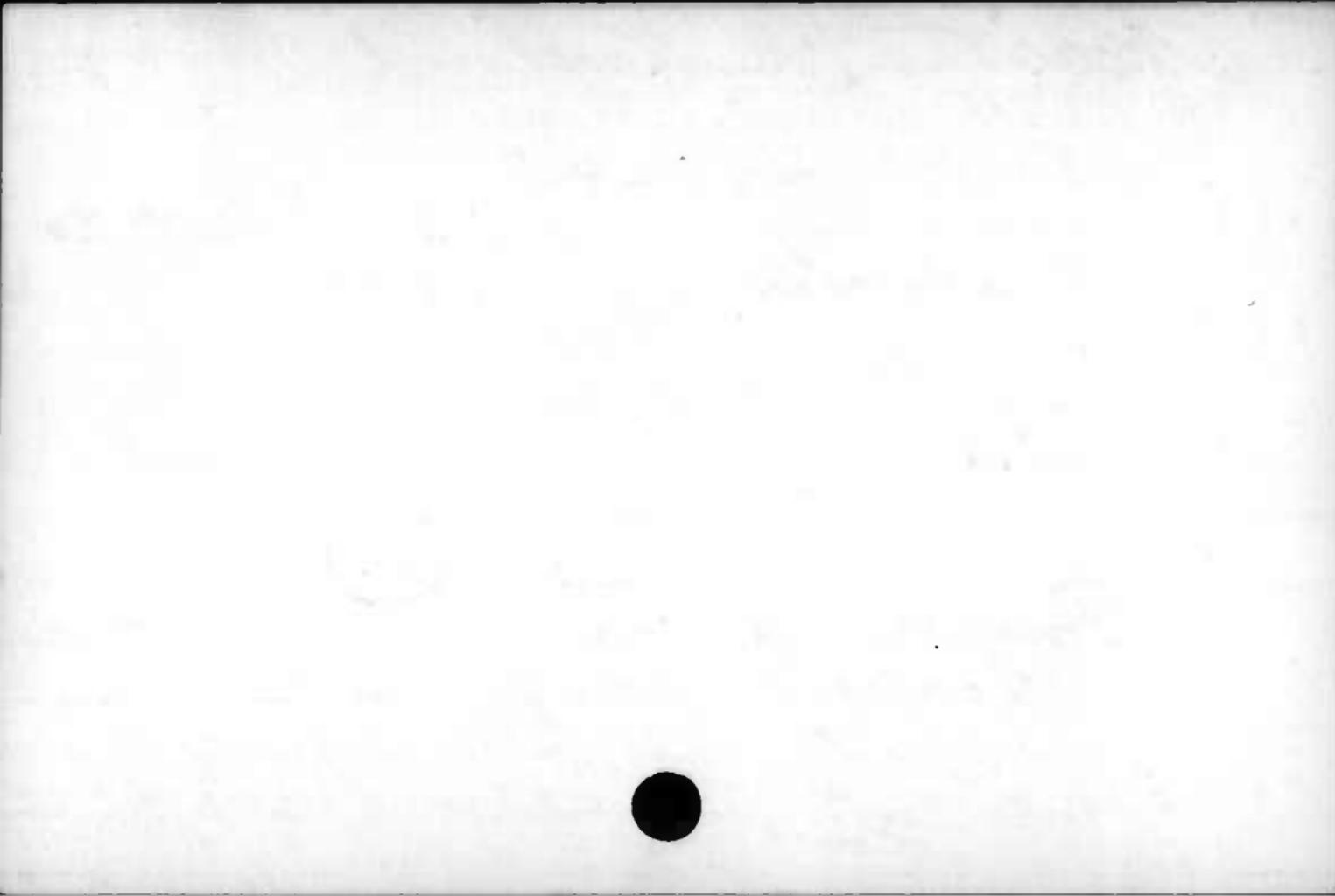
yes

Signature of Physician

Address

Albert S. Dingewald1503 E. North Ave.

Accident or Suicide?



Martha A. Kocland

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Highlandtown	Baltimore				
Date of death	1908	Month 3	Day 24	Age 47	Years	Months
Sex	Female	Color or Race	White	Birth-place	Baltimore Co	
Occupation	House Keeper		Where Residing If not at place of death	1406 4th St		
Married, Single or Widowed	Name of Wife or Husband		Thomas Kocland	Father's Birthplace	England	
Father's Name	Samuel Borden Jr.			Mother's Birthplace	Baltimore Co	
Mother's Maiden Name	Sisal-A-Kersh			How related to deceased	Sister	
Name of person giving information	Fanny Davis (Sisley)					

CAUSES OF DEATH

93

Primary	Pneumonia		How long	6 days
Immediate	Congestion Lungs		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Mr. Harry M. P.
			Address	304 Borden St. East
Accident or Suicide?			304 Borden St. East	

Armstrong, Denney Co.

Mt. Carmel Cemetery
March 26/08.

Alfred J. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	15	69	11	7
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary V. Bentz Hopkins		
Father's Name	John Hopkins		Father's Birthplace	Easton, Md	
Mother's Maiden Name	Magilda Price		Mother's Birthplace	Easton, Md	
Name of person giving information	John B. Hopkins		How related to deceased	Son	

CAUSES OF DEATH

104

Primary

Acute indigestion

How long

4 Years

Immediate

1 Hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James Gilmore Conner
Colgate
MdPHYSICIAN
OR CORONER

Accident or Suicide?

Robert T. Turner,

Oak Grove Cemetery

March 17/08

Name
in
Full

Ellen A. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	68	✓	✓
Occupation	Where Residing if not at place of death					Same
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. H. Hopkins			
Father's Name	Christian and known was Charney					Father's Birthplace
Mother's Maiden Name	Louisa Hart.					Mother's Birthplace
Name of person giving information	Geo H. Hopkins					How related to deceased

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary

Suicide by hanging.

Immediate

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

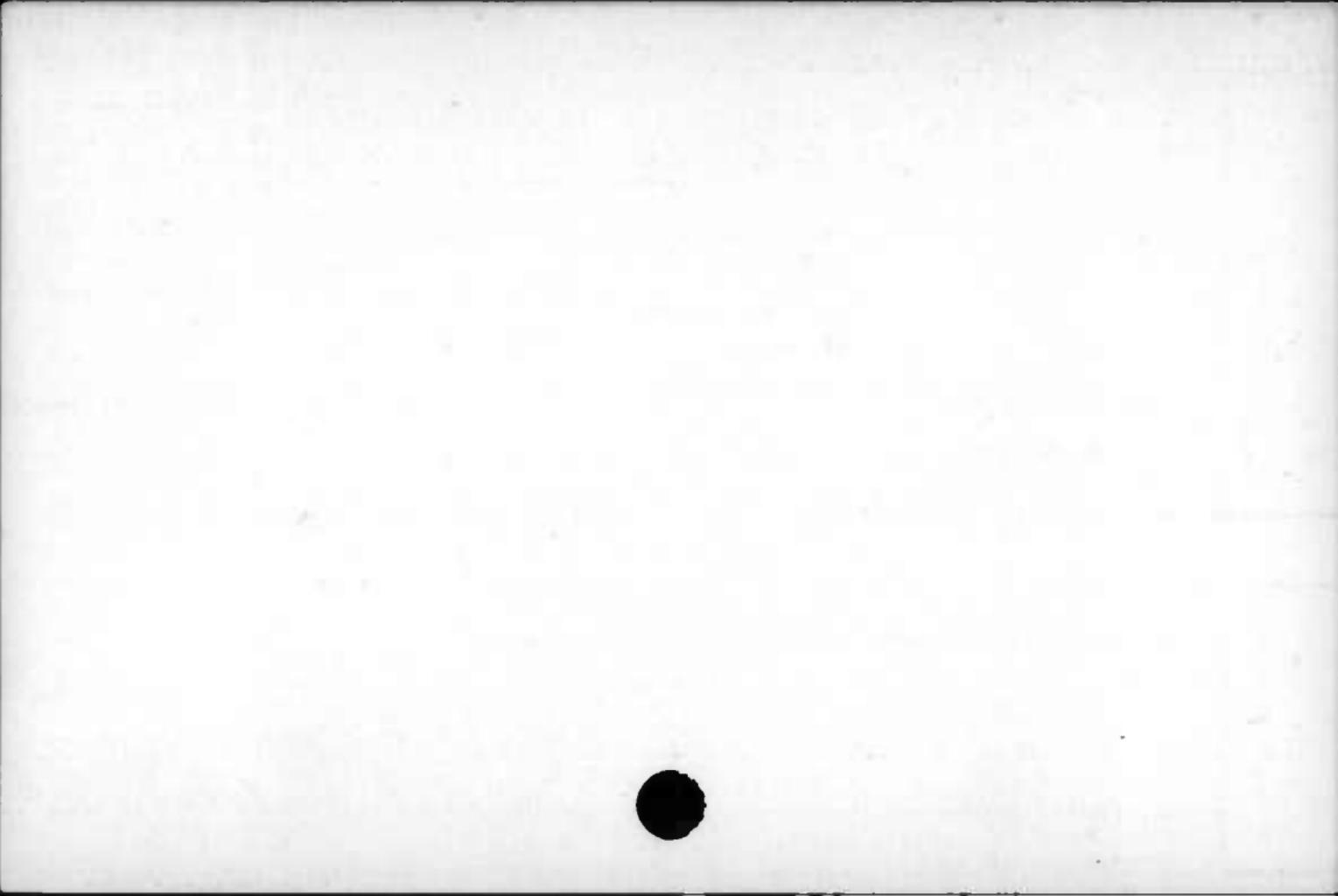
Address

J. F. H. Gorsuch

Fox

med

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 23rd	Years 47-	Months	Days	
Sex	Female	Color or Race	White - American		Birthplace	Baltimore, Md.	
Occupation	Housewife		Where Residing if not at place of death			3250 Boulden St	
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Hugel				
Father's Name	John C Franke		Father's Birthplace	Germany			
Mother's Maiden Name	Annie Braumoth		Mother's Birthplace	Germany			
Name of person giving information	Henry Hugel		How related to deceased	Husband			

CAUSES OF DEATH

120

Primary	Nephritis	How long	1 year
	Uraemia	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Albertus Callan
Yes		Address	1728 E. Balt St
Accident or Suicide?		No.	

Oak Lawn Cemetery.

March. 26/1908. ✓

Wm Cook

502 E North ave

Name
in
Full

Bertha Phalmitzer Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	3	5	46	7	19	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	Where Residing if not at place of death Tavern Keeper at her own home					
Married, Single or Widowed	Name of Wife Husband	Widow of James B. Hutchins				
Father's Name	August Phalmitzer					Father's Birthplace Germany
Mother's Maiden Name	Bertha Ulrich					Mother's Birthplace Germany
Name of person giving information	Dr Phalmitzer					How related to deceased Sister

CAUSES OF DEATH

114

Primary	Jaundice	Cataract	How long some weeks
Immediate	Oedema of lung.	Cardiac	How long 12 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. C. Massenburg

Yes

Address

Towson

Accident or Suicide?

John Burns' Sons
Rowson.

inlement in

"Prospect Hill"

Rowson

Name
in
Full

Francis M. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 6	Age 57	Years 57	Months	Days
Sex	Male	Color or Race	White		Birth-place	Harford Co Md	
Occupation	Farmer		Where Residing if not at place of death		5th Ave Balt Co Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Marion Lynch				
Father's Name	Samuel Jackson				Father's Birthplace	Harford Co Md	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Marion Lynch				How related to deceased	Wife	

CAUSES OF DEATH

179

How long

How long

Heart failure

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

David A. Thompson
1500 Highland Ave
Baltimore County Md

Accident or Suicide?

Mr. Carroll
H. Sander
March 8/08

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John E. Garrett

Town

County

Died at Texas

Baldo.

MARYLAND

Date of death 1908 Month 3 Day 3 Years Age 11 Months Days

Sex Male

Color or Race

Colored

Birth-place

Texas Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Esau Garrett

Father's Birthplace

Mother's Maiden Name

Julia Patterson

Mother's Birthplace

Name of person giving
information

Esau Garrett

How related
to deceased

Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Immediate

Bronchitis pneumonia

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. Theo C. Bissell

Address

Texas
Md

Accident or Suicide?

Funeral at Forts change
Corky said Feb. 8th

W. C. French

Name
in
Full

Flora and Ellis Gertrude Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Zipas	Baltimore		6	1	
Date of death	Month	Day	Years	Months	Days
1906	Mar	11	0	6	1
Sex	Color or Race	Birth-place			
Female	Black	Zipas Md			
Occupation	Where Residing if not at place of death				
home	Zipas Md				
Married, Single or Widowed	Name of Wife or Husband				
+	X				
Father's Name	Charles A. Johnson		Father's Birthplace	Baltimore	
Mother's Maiden Name	Minnie Brown Garrett		Mother's Birthplace	Baltimore	
Name of person giving information	Minnie Johnson		How related to deceased	Mother	

CAUSES OF DEATH

93

How long

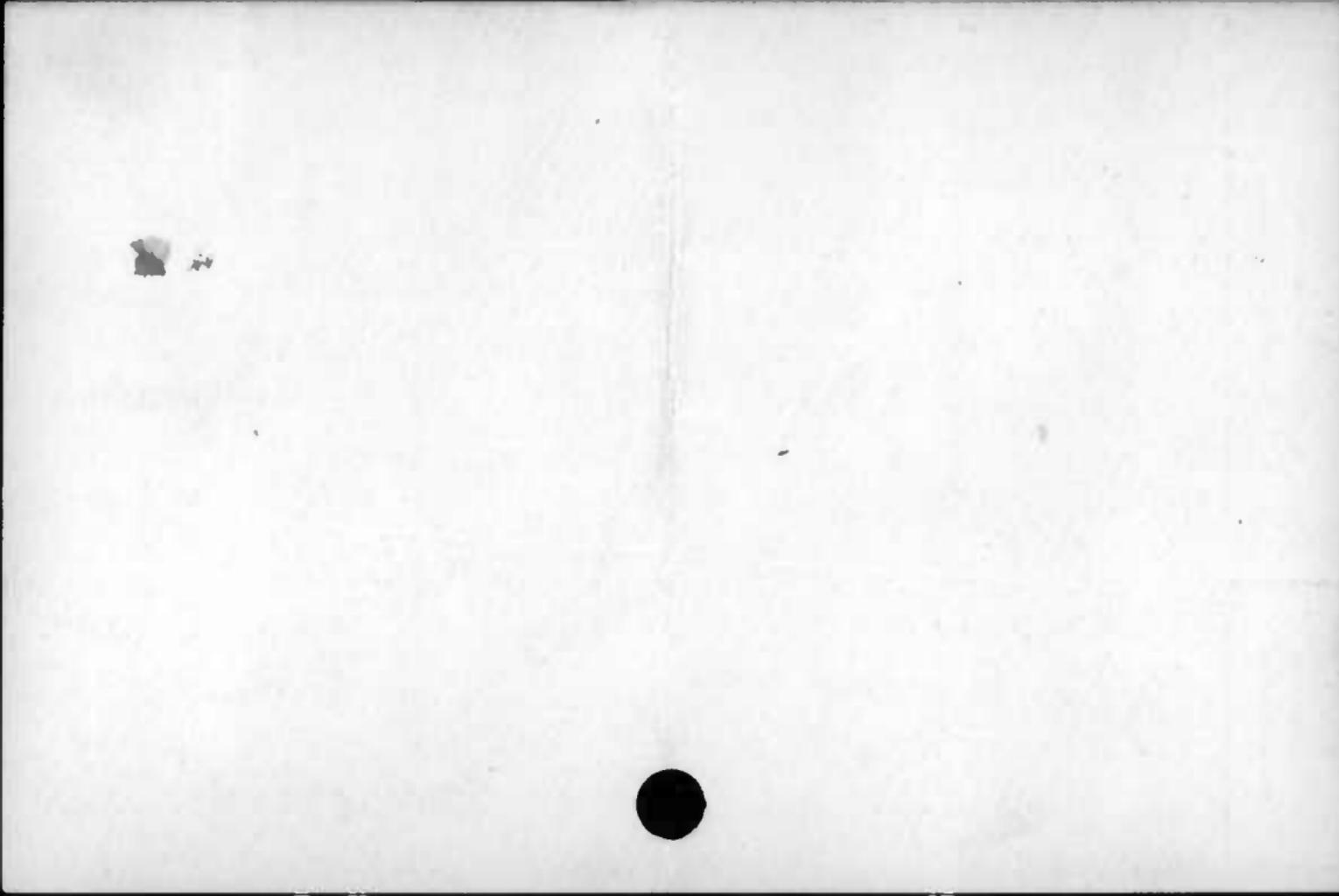
10 days

How long

10 days

PHYSICIAN
OR CORONER

Primary	Cerebral embolus	
Immediate	General failure of life	
Are the name, age, sex, color, date and place correctly given above?	74	Signature of Physician
		D. G. T. Benson
		Address
		Braddockville
Accident or Suicide?	X	



Name
in
Full

Charles Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Montgomery Montgomery		Town	Balto	County	MARYLAND							
Date of death	1908	Month	March	Day	22	Years	35	Months	—	Days	—	
Sex	Male	Color or Race	White	Birth-place	N. C.							
Occupation	Clerk.	Where Residing if not at place of death Balto Md.										
Married, Single or Widowed	Single	Name of Wife or Husband										
Father's Name	W. G. Brown										Father's Birthplace	Not Known
Mother's Maiden Name	Not known										Mother's Birthplace	"
Name of person giving information	Reeds but Hope										How related to deceased	Not at all

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary ~~mania - Post Epilepsy~~

How long
Many years - 16 or 18

Immediata ~~Ex Cerebral Congest -~~

How long
about one wk -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

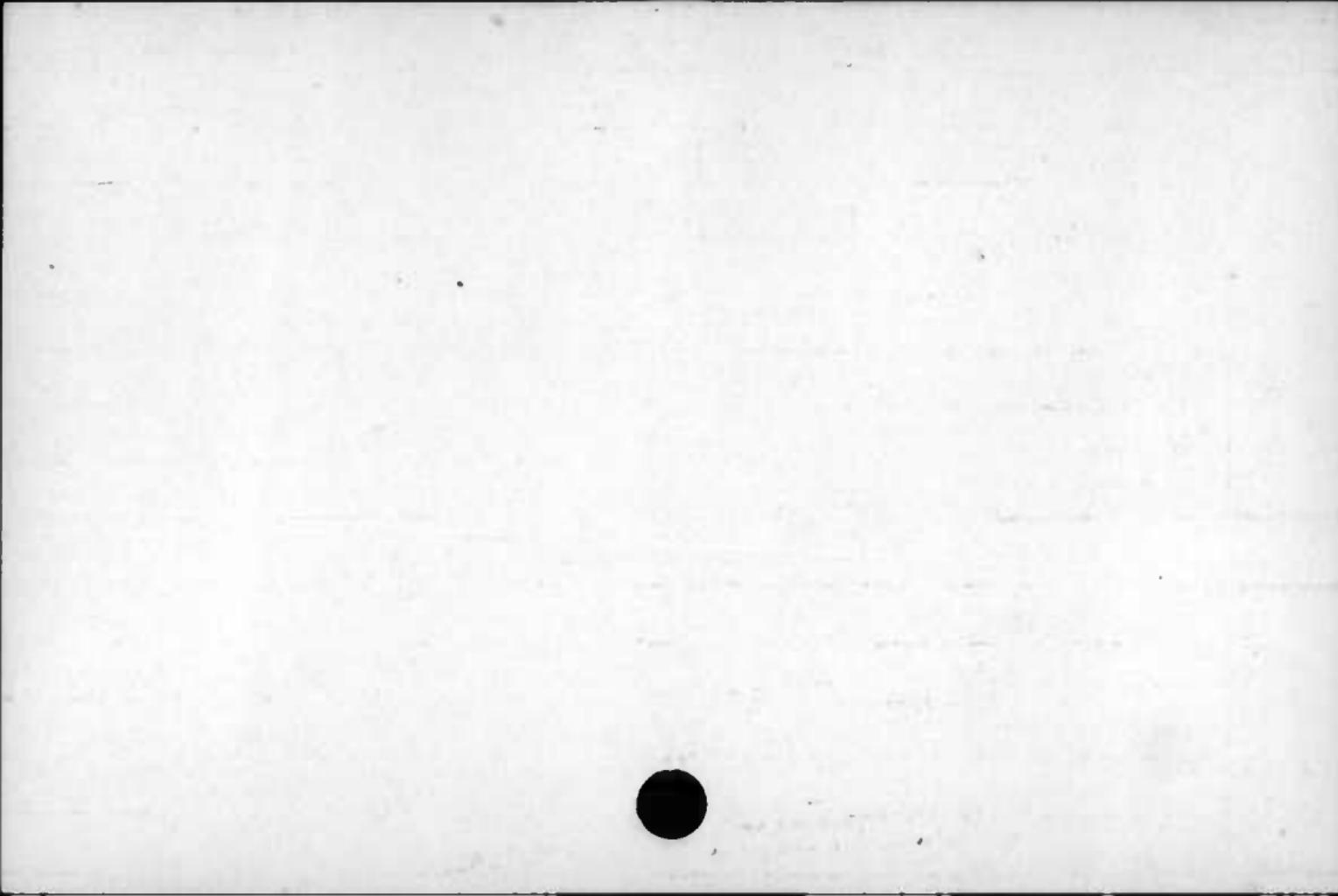
Frank J. Flannery

Address

Montgomery

Montgomery

Accident or Suicide?



Name
in
Full

John Allen Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

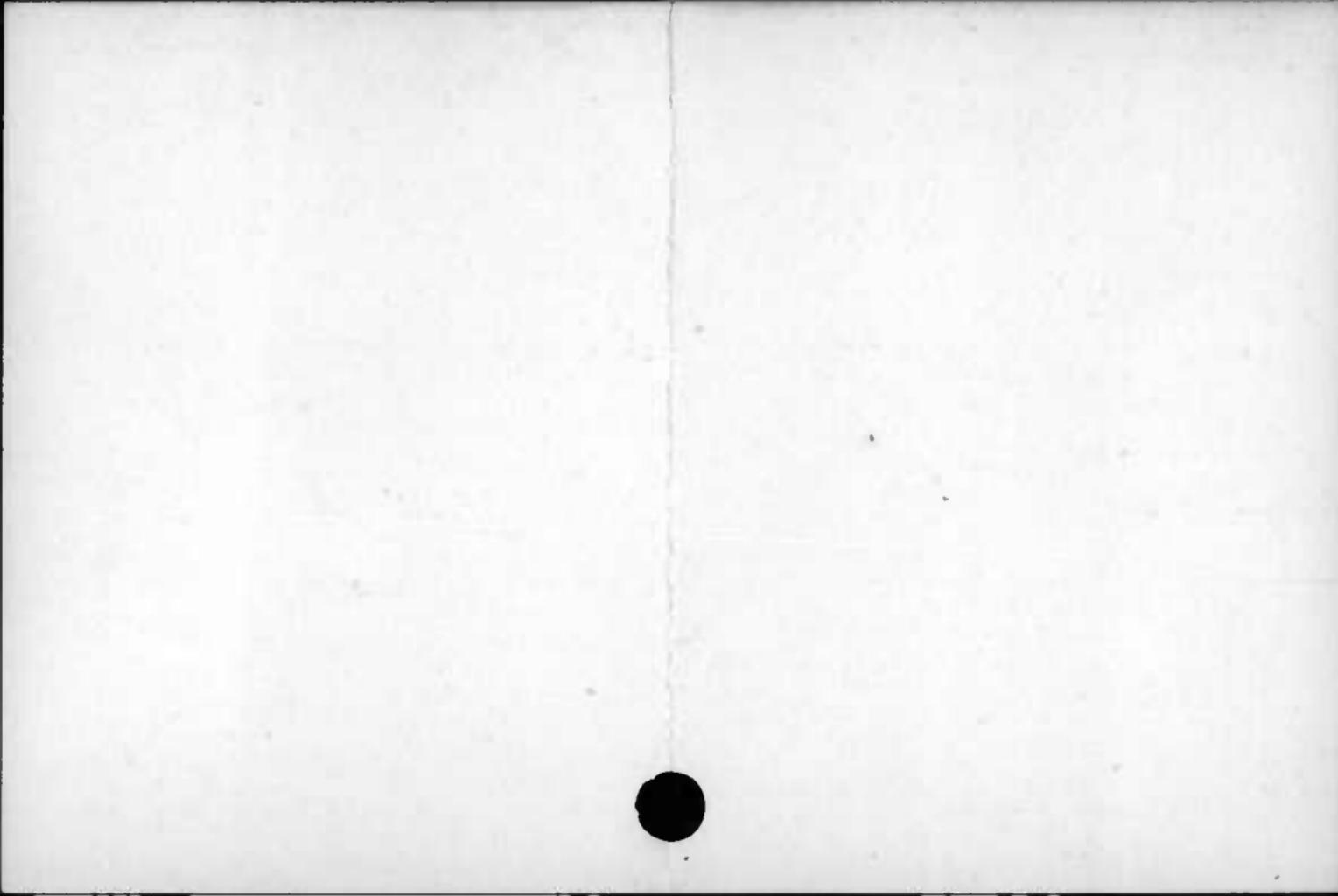
Died at <u>Ashland</u>		Town <u>Ashland</u>		County <u>Bingo</u>		MARYLAND	
Date of death <u>1908 March</u>	Month <u>March</u>	Day <u>22</u>	Years <u>2</u>	Age <u>2</u>	Months <u>5</u>	Days <u>12</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Parkton. Md</u>			
Occupation <u>Infant -</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband						
Father's Name <u>John Morris Jones</u>			Father's Birthplace <u>Rawlings Md</u>				
Mother's Maiden Name <u>Mary Elizabeth Miller</u>			Mother's Birthplace <u>Parkton Md</u>				
Name of person giving information <u>John W. Jones</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <u>Burns (Brush fire)</u>	How long <u>3 minutes</u>
Immediate <u>Shock</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J. B. Beeson</u>
	Address <u>Cockeysville Md</u>
Accident or Suicide? <u>Accident</u>	



Name
in
Full

Joseph Josoposchki
Ballo. Co. Almshouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

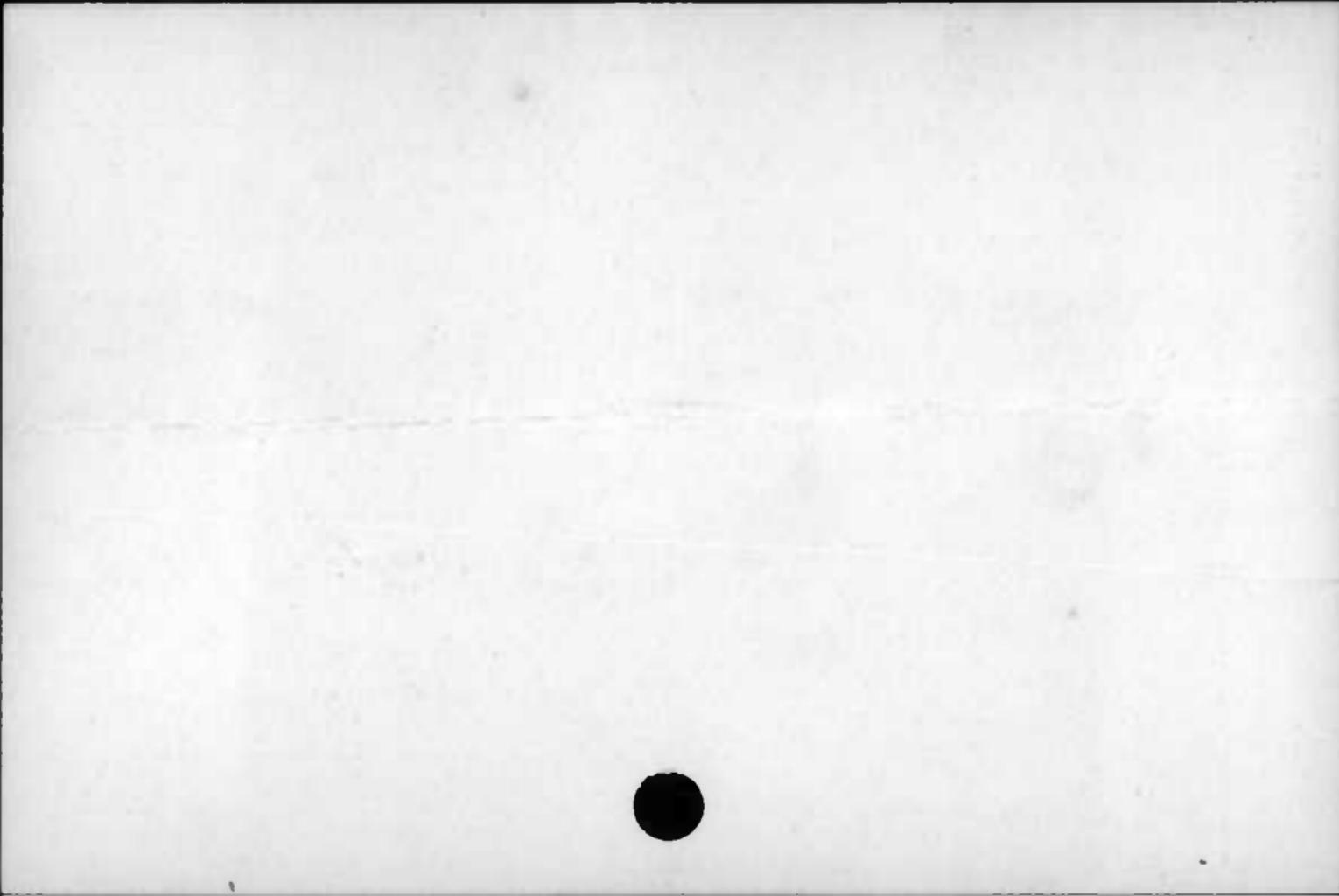
Died at		Town	County			
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birthplace		
Occupation	Unknown			Where Residing if not at place of death	Germany	
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown			
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information	Dr. Bussy			How related to deceased	None	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	Insanity	his condition	How long
Immediate	Sudden & incident to		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. T.C. Bussy
		Address	Texas
Accident or Suicide?	No		Md.



Name
in
Full

Valentine Kahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Males	Color or Race	white	Birth-place	Germany	
Occupation	Farmer		Where Residing if not at place of death	Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Kahl nee Binder			
Father's Name	not known		Father's Birthplace	Germany		
Mother's Maiden Name	Unknown		Mother's Birthplace	Germany		
Name of person giving Information	Joseph Kahl		How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

apoplexy

How long

6 days

Immediate

apoplexy

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

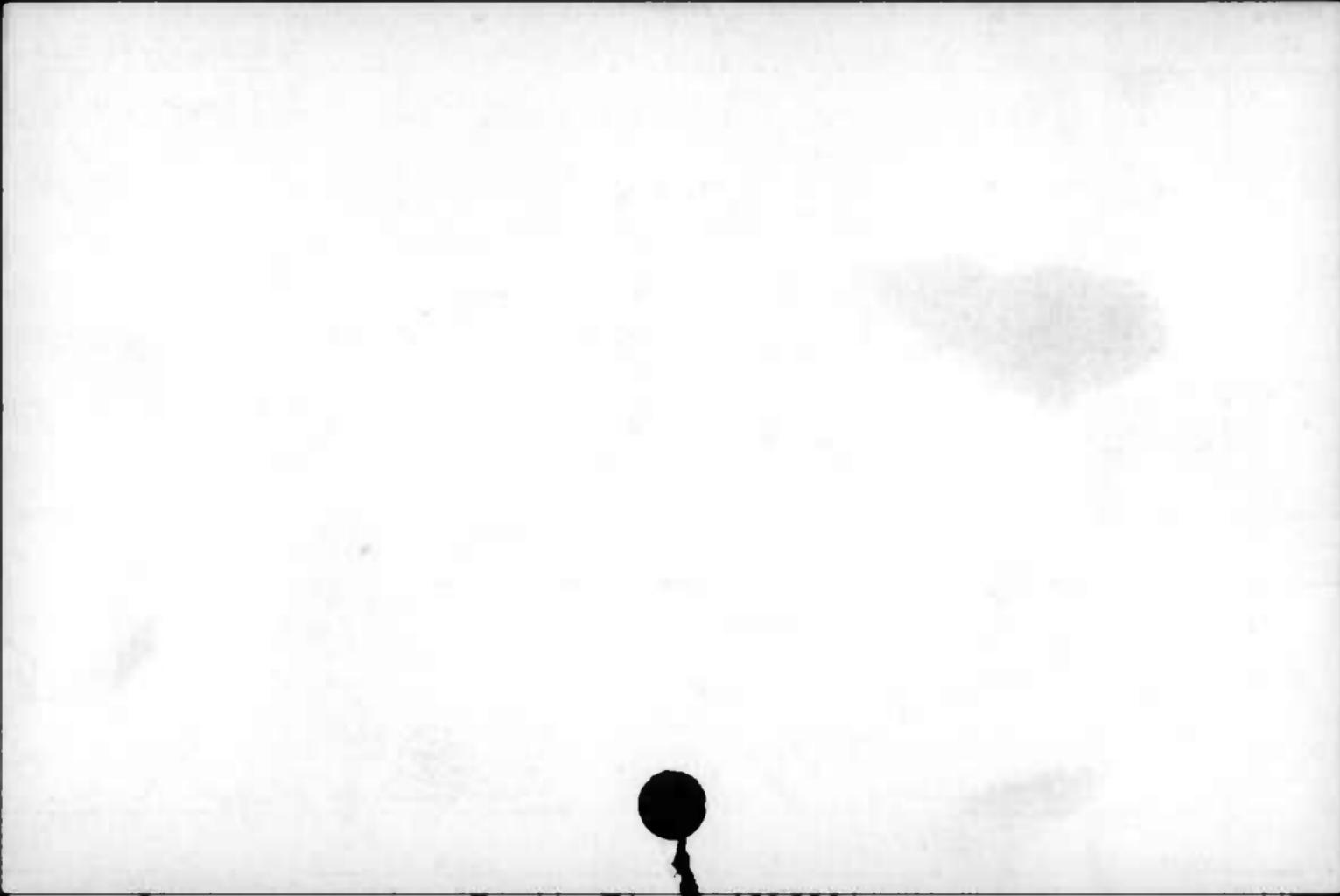
yes

Signature of Physician

Address

J. F. T. Gorsuch -
Fork mud-

Accident or Suicide?



Name
in
Full

Bridget Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Dulany's Valley		Town Balt.		County		MARYLAND	
Date of death 1908	Month 3	Day 22	Age 81	Years	Months 6	Days 1	
Sex Female	Color or Race white	Where Residing if not at place of death		Ireland			
Occupation Tavern Keeper	Name of Wife or Husband		Dulany's Valley				
Married, Single or Widowed Widow	Name of Wife or Husband		Bernard Kane				
Father's Name Mallory Harley			Ireland				
Mother's Maiden Name abbie Carroll			Ireland				
Name of person giving information	Miss Annie Kane		daughter				

CAUSES OF DEATH

93

Primary

Pneumonia

15 days

Immediate

Dilated Heart

How long

Seven days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. F. Burrell

Address

Texas Md

Accident or Suicide?

John Burns Son
Touson

Mt. Marie Cemetery
Touson

Name
in
Full

Dolfus Trig

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Year	22	68	—	—
Sex	Color or Race	Birth-place			
Male	Col	Ua			
Occupation	Where Residing if not at place of death				
Married - Single	—	of Wife or Husband	Lansdowne		
Widowed	Anne Johnsons				
Father's Name	John Johnson				
Mother's Maiden Name	Mary Johnson				
Name of person giving Information	Dol Trig				
CAUSES OF DEATH					
Primary	Cough & Bronchitis				
Immediate	Cardiac Asthma				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
			J. Goyals, Dr. G. D. Colvin, M.D.		
Accident or Suicide?					

PHYSICIAN
OR CORONER

10

How long

6 weeks

How long

2 hours

John Burns Sons
Towson

Sandy Bottoms
corn.

Baltimore Co.

Name
in
Full

Dorthea Klob.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND						
Chestnut Ridge		Baltimore									
Date of death	1908	Month	3	Day	18	Years	73	Months	4	Days	16
Sex	Female	Color or Race	white		Birth-place	Germany					
Occupation	Housewife		Where Residing (not at place of death)		Chestnut Ridge						
Married, Single or Widowed	Married	Name of wife or Husband	John Klob.								
Father's Name	W. F. Rutherford				Father's Birthplace	Germany					
Mother's Maiden Name	M. F. Rutherford				Mother's Birthplace	Germany					
Name of person giving information	Mr. John Klob.				How related to deceased	Husband					

CAUSES OF DEATH

79

How long

about 2 mos.

PHYSICIAN
OR CORONER

Primary

Immediate

Dilated heart

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. Phoebe Bussey

Address

6 Texas
Md.

Accident or Suicide?

John Burns Son
Towson
St. Paul Lutheran Cemetery
Ballo. Co.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Austria	
Occupation	Where Residing if not at place of death					
Married, Single or Widower	Name of Wife or Husband		Anna Bodner			
Father's Name	Andrew Hysocky		Father's Birthplace	Austria		
Mother's Maiden Name	Marie T. vlt.		Mother's Birthplace	Austria		
Name of person giving information	Andrew Hysocky		How related to deceased	Ses		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

duodenal Hemorrhage

How long

10 days.

Immediate

Exsanguination

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

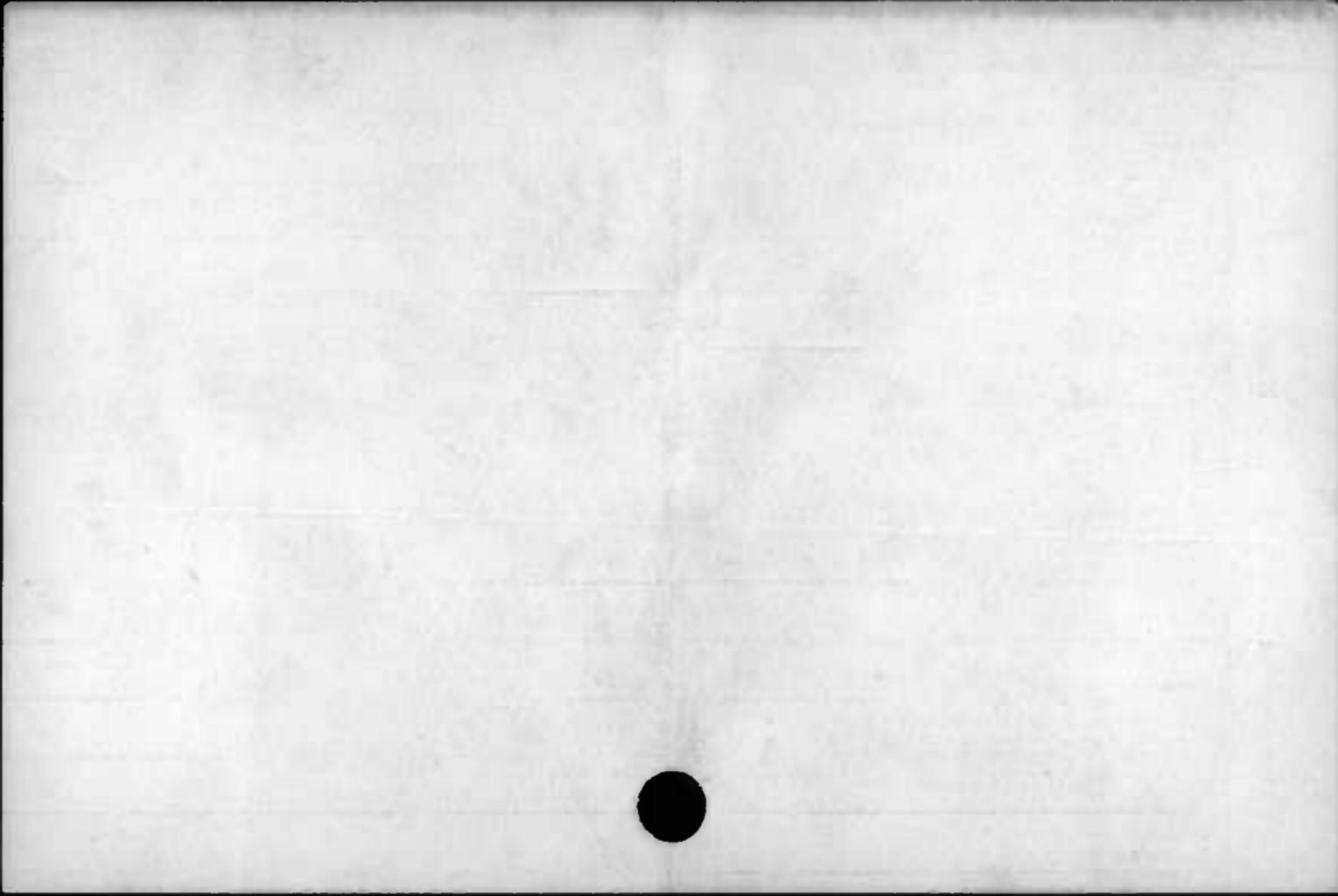
yes.

Signature of Physician

Address

F. C. Glaser M.D.
Spenn's Plant
Austria

Accident or Suicide?



Name
in
Full

Mary Landa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Highlandtown	Balto				
Date of death	Month	Day	Years	Months	Days	
1908	3	4	—	—	4th	
Sex	Female	Color or Race	white	Birth-place	Balto. 6e,	
Occupation	None	Where Residing if not at place of death			523 Pratt St,	
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	Joseph Landa			Father's Birthplace	Germany	
Mother's Maiden Name	Hedrich Ullrich			Mother's Birthplace	a	
Name of person giving information	Joseph Landa			How related to deceased	Father	

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary	Premature Birth		
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Mrs M. Schenning
		Address	504 Third St. J
Accident or Suicide?	No.	Canton	

Sacred Heart
Cemetery
Hennig & Son
3/5/08

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Horriss Lantz

Town

Died at Oregon

County
Baldo

MARYLAND

Date of death 1908 Month

Day

17

Years

88

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Christiansburg
Va

Occupation

Housewife

Where Residing if not
at place of death

Married, ~~Single~~
or Widowed

Widow

Name of
Husband

Peter Lantz

Father's
Birthplace

Unknown

Father's
Name

Unknown

Mother's
Maiden Name

Wif - Klindquist

Mother's
Birthplace

Massachusetts

Name of person giving
Information

Mr A. J. Lantz

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Valvular disease of Heart

Two years

Immediate

Hypostatic Pneumonia (Dropsey)

How long

6 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr B. R. Bryson
Rockyville Ma

Accident or Suicide?

Interment at
Ishland Thursday
March 19th

N. C. Brooks

Name
in
Full

Martha M. Lindner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 3	Day 18	Age 41	Years	Months
Sex Female	Color or Race White	Birth-place Balt.	Days		
Occupation House work	Where Residing if not at place of death 906 Lombard St.				
Married, Single or Widowed M.	Name of Wife or Husband Arthur Lindner				
Father's Name Unknown	Father's Birthplace Germany				
Mother's Maiden Name Unknown	Mother's Birthplace Germany				
Name of person giving information Arthur Lindner	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Anaemia due to Abortion

How long

3 or 4 weeks

Immediate

Typhoid fever

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. F. A. Glantz

Address

41 Eastern Ave. Et. 2

Accident or Suicide?

1st Ger. Ev. Cemetery

Henry son

~~3/21/05~~

~~3/21/05~~

Name
in
Full

Ingaust - Lint

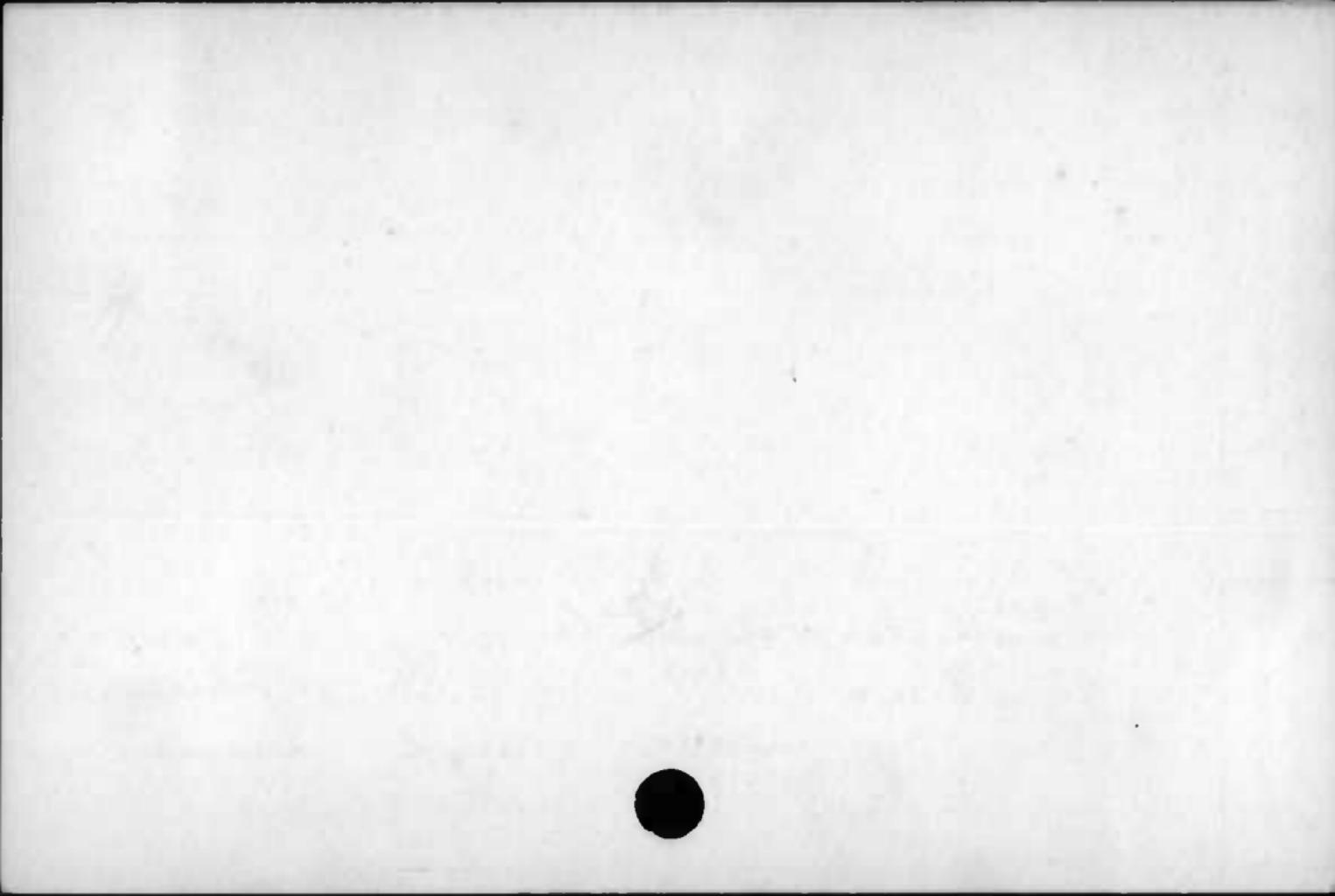
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mann</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Mann</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>			Father's Birthplace <u>Baltimore</u>	Mother's Birthplace <u>—</u>		
Father's Name <u>Jacob. Lint</u>	Mother's Maiden Name <u>Mary M. Clark</u>			Mother's Birthplace <u>—</u>	How related to deceased <u>Mother</u>		
Name of person giving information <u>Mary Lint</u>							

CAUSES OF DEATH

Primary	<u>Breach Presentations</u>	How long
	<u>Pressure on cord by head</u>	How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>T.R. Payne M.D.</u>	
		Address <u>Chestert</u>
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E. Lowe						CERTIFICATE OF DEATH	
Died at		town	Baltimore		County	MARYLAND	
Date of death	1908	Month 3	Day 18	Years 66	Age	Months —	Days —
Sex	female	Color or Race	White	Birth- place		Virginia	
Occupation	Housewife	Where Residing if not at place of death		Buckeysville		Md	
Married, Single or Widowed	Married	Name of Wife or Husband	John T. Lowe	Father's Birthplace		Virginia	
Father's Name	Henry Cooper	Mother's Birthplace		Virginia		Virginia	
Mother's Maiden Name	Susie Noeau	How related to deceased		Husband		Husband	
Name of person giving Information	John T. Lowe						

CAUSES OF DEATH

79

Primary

Nitral Regurgitation

long

Immediate

Cardiac Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. C. Smuck

Woodlawn Sta.
Md

Accident or Suicide?

Lorraine Lind
March 20 1908
Jos A B Cook

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Mrs Rachael Lyte</i>				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Blue Mount		Baltimore					
Date of death	Month	Day	Years	Months	Days		
1908	March	25	92				
Sex	Color or Race	Age	Birth-place				
Female	White	92	Black Horse				
Married, Single or Widowed	Occupation						
Widow	House keeper						
Name of Wife or Husband	<i>George Lyte</i>						
Father's Name	<i>Wiliam Barlin</i>						
Mother's Maiden Name	<i>Padgel Barlin</i>						
Name of person giving information	<i>Leonard Slade</i>						
CAUSES OF DEATH							
Primary	<i>Senile decay</i>						
Immediate	<i>Senile decay</i>						
Are the name, age, sex, color, date and place correctly given above?	<i>as</i>						
Signature of Physician	<i>F. J. Turner M.D.</i>						
Address	<i>White Hall Maryland</i>						
Accident or Suicide?							

PHYSICIAN
OR CORONER

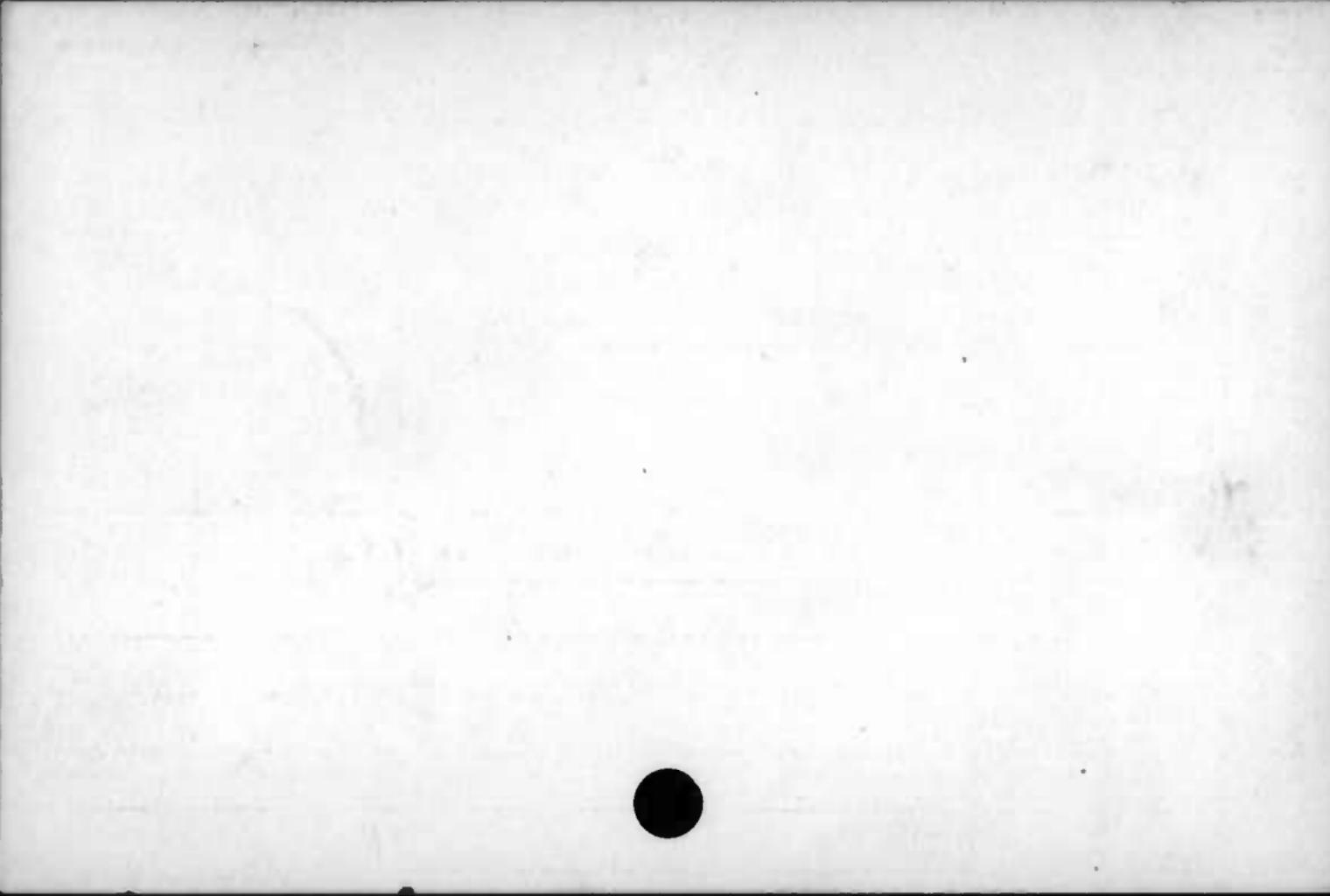
154

How long

How long

Q

Accident or Suicide?



Name
in
Full

Alexander McCallister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hamelton		Town	County		MARYLAND		
Date of death	1908	Month 3	Day 9	Age 45	Years	Months	Days
Sex	male	Color or Race	white		Birth-place	Prima	
Occupation	Clerk	Where Residing if not at place of death			Hamelton P.D.		
Married, Single or Widowed	Single	Name of Wife or Husband	- none -				
Father's Name	Aled McCallister		Father's Birthplace			Prima	
Mother's Maiden Name	Jane, Cunningham		Mother's Birthplace			Prima	
Name of person giving information	Mrs Wm McCallister		How related to deceased			Sister	

CAUSES OF DEATH

27

Primary	Pneumonia	
Immediate	Pulmonary Tuberculosis	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician		
Address		

PHYSICIAN
OR CORONER

Accident or Suicide?

Leinboch & Sons

Name
in
Full

Helen Magruder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	Feb	28	61	61	not known	not known	
Sex	Female	Color or Race	White	Birth-place	Va		
Occupation	Teacher			Where Residing if not at place of death	Newark St. J.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	not known			Father's Birthplace	not known		
Mother's Maiden Name	"	"		Mother's Birthplace	" "		
Name of person giving information	Reed, Mt. Hope			How related to deceased	what all		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary *Mania Chronic* How long *over 3 or 4 years*

Secondary *Self Strangulation* How long *Coroner investigating*
Immediate *and delayed inquest*

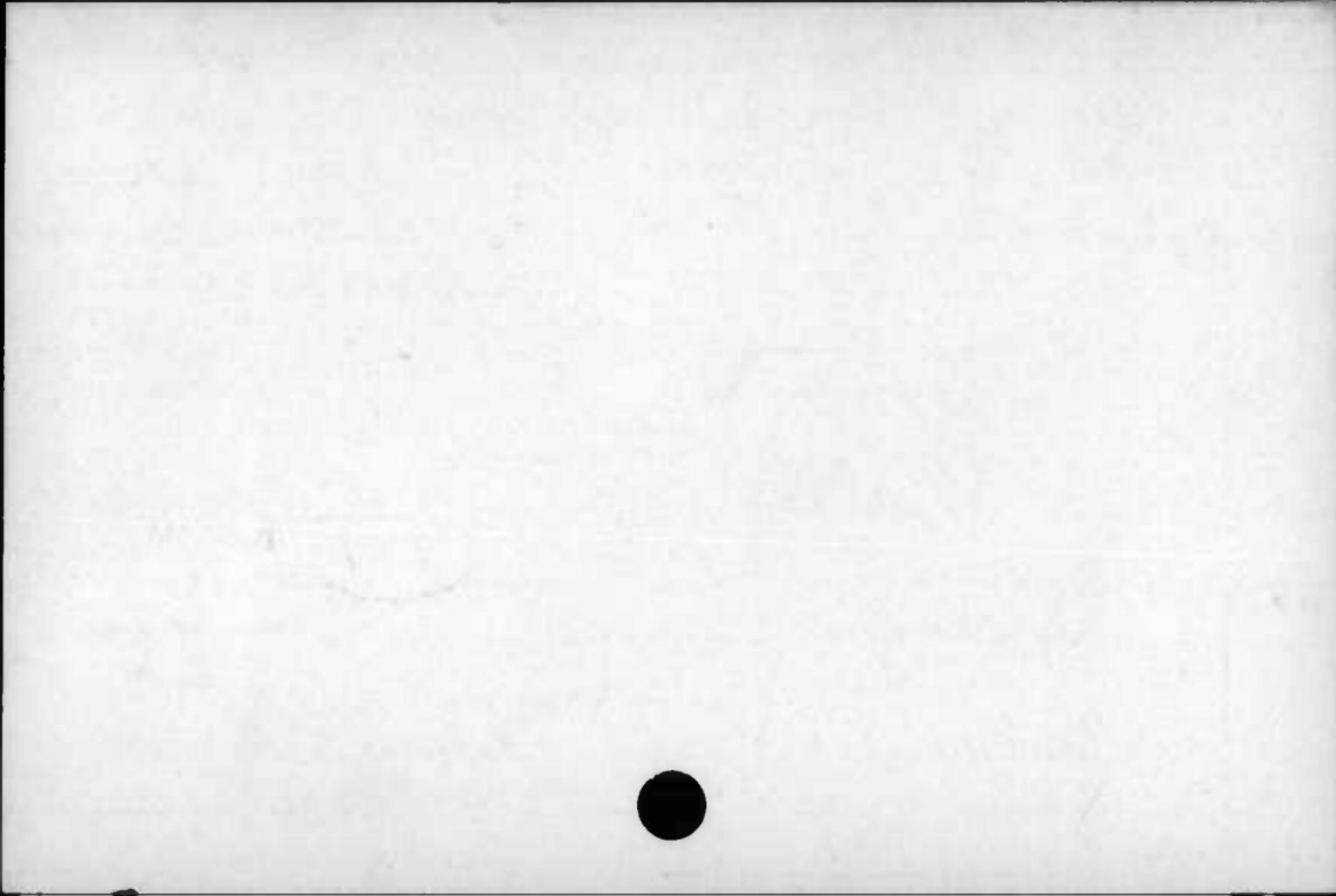
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank J. Flannery
Acting Coroner
Accidental Suicide

Address *Frank J. Flannery*
Sub Registrar -



Lutitia Timmerman Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

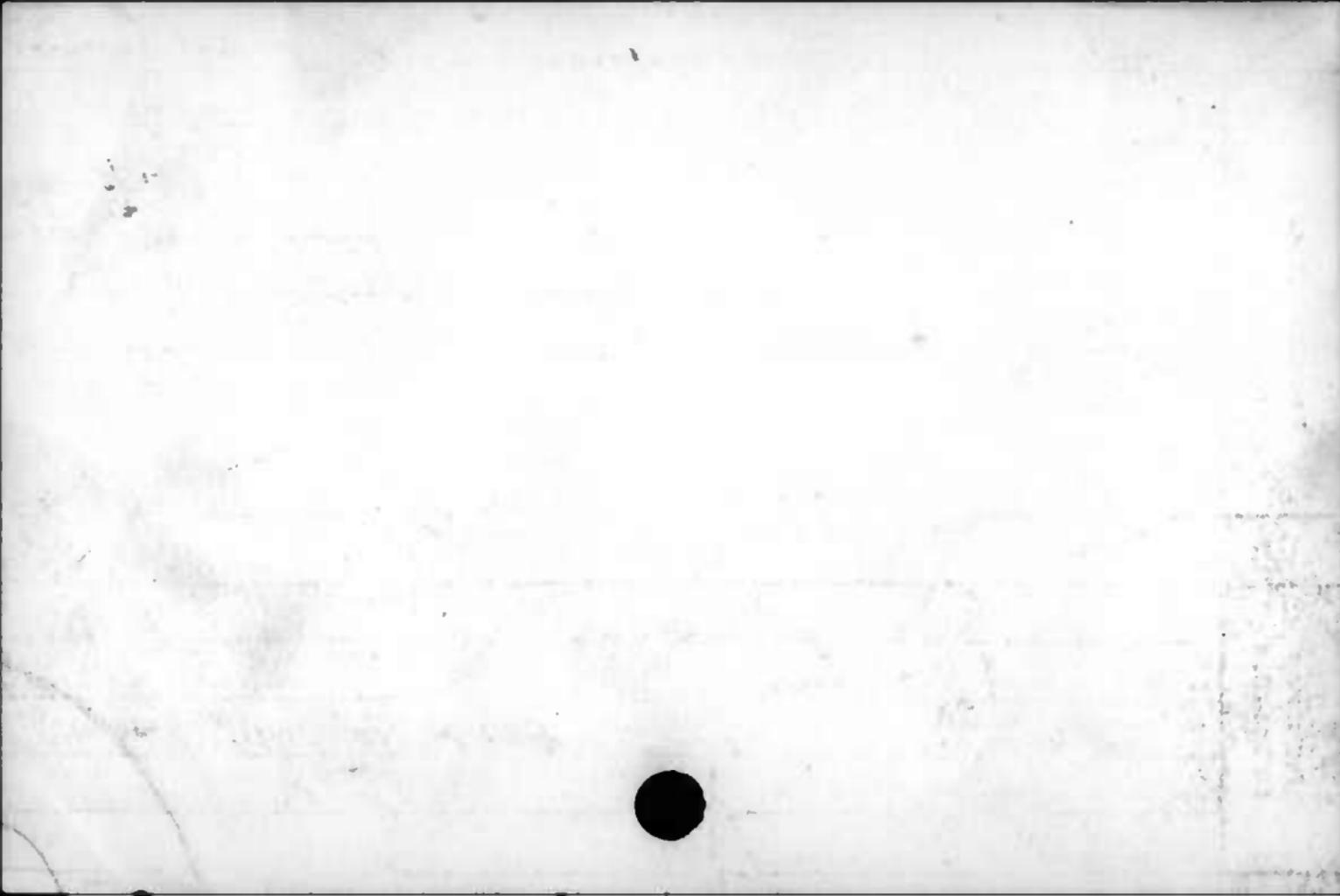
Died at		Town,		County		MARYLAND	
Date of death	1908	Month	March	Day	Fourteenth	Years	Age
Sex	Female	Color or Race	White	Birth-place	Frankl. Sq. Hospital		
Occupation				Where Residing if not at place of death	At place of death		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	George Martin			Father's Birthplace	Buffalo, N.Y.		
Mother's Maiden Name	Minnie Martin			Mother's Birthplace	Germany		
Name of person giving Information	Father of Child			How related to deceased	Father		
CAUSES OF DEATH							
Primary	Wasting disease			How long	Since birth		
Immediate	Same			How long	Same		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. Minis Gibbons, Coroner Colgate Balto. Co. Md.		
				Address			

PHYSICIAN
OR CORONER

Accident or Suicide?

151

LIBRARY BUREAU ASS886



Name
in
Full

John Meyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at 1 st floor + 16 th street Baltimore		County Baltimore		MARYLAND		
Date of death 1908	Month Mar	Day 20	Years 58	Months 8	Days 10	
Sex Male	Color or Race White	Where Residing if not at place of death		Resided at place of death		
Occupation Carpenter						
Married, Single or Widowed Widower	Name of Wife or Husband late Annaetta Meyer					
Father's Name John Meyer	Father's Birthplace Germany					
Mother's Maiden Name Wilhelmina Miners	Mother's Birthplace " "					
Name of person giving information Louis Plett	How related to deceased					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary

Cirrhosis Liver, Bronchitis

How long

Several years

Immediate

Cardiac Dilatation

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. F. Rits

Address

213 S. Broad St.

Baltimore

Accident or Suicide?

Mr. Cannon

March 22/08

H. Sander

Name
in
Full

Mrs Catherine Michel

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married or Widowed	Name of Wife or Husband		John Michel			
Father's Name	Henry Bicknell		Germany			
Mother's Maiden Name	Blushower		Germany			
Name of person giving information	Mrs Anna Giealt		Daughter			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchitis pneumonia		How long
Immediate	Examinations		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. C. Eldred M.D.
		Address	Graves Point, Md
Accident or Suicide?			



Name
in
Full

Charles H. Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	white	Birth-place	Baltimore Md		
Occupation	Sec.	Where Residing if not at place of death		506 New Boundary Ave			
Married, Single or Widower	Married	Name of Wife or Husband	Barbara Miles				
Father's Name	Unknown	Father's Birthplace		Baltimore Co			
Mother's Maiden Name	Virginia Bosley	Mother's Birthplace		Baltimore Co			
Name of person giving information	Harry B Miles	How related to deceased		Son			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	about 2 yrs.
Immediate	Cardiac Syncope		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Evans MD	
		Address	# 602 Gator Ave.	
Accident or Suicide?				

Presbyterian
Cemetery
Gowans

March 19/08

Wm. F. Clegg

Burial Thursday

Name
in
Full

Blanch V. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Falls</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>J.</u>	Day <u>20</u>	Years <u>5</u>	Months <u>4</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Upper Falls Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>		Father's Birthplace <u>Md</u>		
Father's Name <u>Hermon Miller</u>	Mother's Maiden Name <u>Annie Pulsford</u>		Mother's Birthplace <u> </u>		
Name of person giving information <u>Hermon Miller</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

10

How long

3 days

PHYSICIAN
OR CORONER

Primary

La grippe

How long

3 days
Surfin

Immediate

Paroxysm of heat

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. J. Steger

Frederick R.O.

Md.

Accident or Suicide?

No

Oliver
S. Stephen
Bradford

Elizabeth V. Miller

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Died at	Sextonville	Baltimore				
Date of death	1908	Month	March	Day	21	Years
				Age	35	Months
					9	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Housewife		Where Residing If not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Miller	Father's Birthplace	York, Pa.	
Father's Name	George Grisepan			Mother's Birthplace	Md	
Mother's Maiden Name	Cosetta Shiple			Name of person giving information	Husband	
Name of person giving information	Henry Miller					

CAUSES OF DEATH

137

Primary

Child Birth

How long

3rd day

Immediate

Puerperal Septicemia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

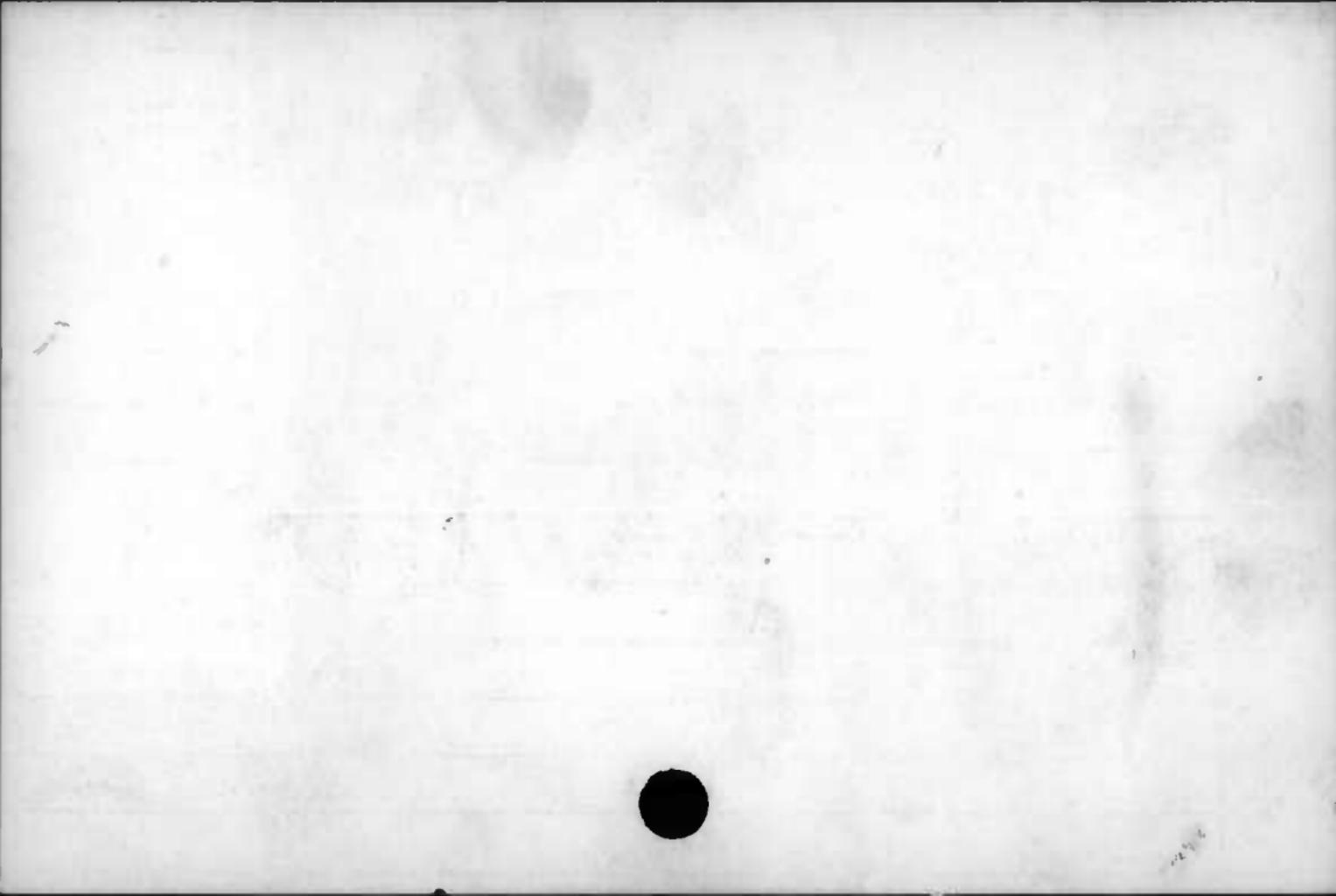
Geo. S. M. Kieffer

Address

Morell Park

Baltimore Co Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Still Born Infant Mooney Frank

MARYLAND

Died at <u>Lansdowne</u>		Town	County			
Date of death <u>1908</u>	Month <u>March</u>	Day <u>28</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lansdowne</u>				
Occupation <u>Day labor</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>William J. Mooney</u>	Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Anganette Owens</u>	Mother's Birthplace <u>Ind</u>					
Name of person giving information <u>William J. Mooney</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

(S)

How long —

How long —

PHYSICIAN
OR CORONER

Primary

Still Born

Immediate —

Are the name, age, sex, color, date and place correctly given above?

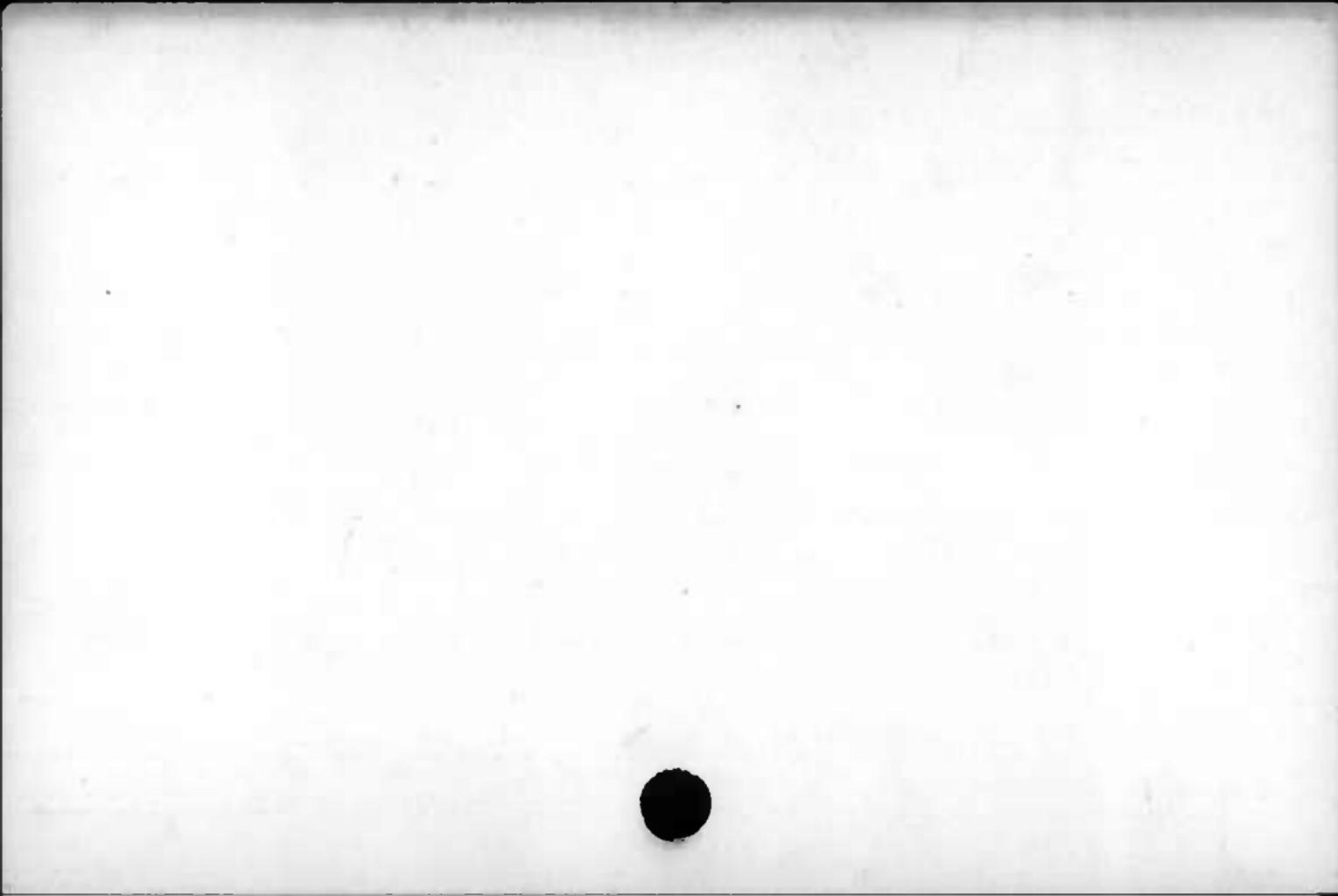
Yes

Signature of Physician

Address

Frank & Paul
Lansdowne Ind.

Accident or Suicide?



Name
in
Full

William M Moormane

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 4	Years 55	Months	Days	
Sex	Male	Color or Race	colored		Birth-place	Wa	
Occupation	Minister		Where Residing if not at place of death		Rosedale Md		
Married, Single or Widowed	Single		Name of Wife or Husband	Millie L Sanders			
Father's Name	John Moormane		Father's Birthplace	Wauhooer			
Mother's Maiden Name	Mary Moormane		Mother's Birthplace	Wauhooer			
Name of person giving information	Elarence Moormane		How related to deceased	Sister			

CAUSES OF DEATH

PHYSICIAN
or CORONER

Primary

Mitral Stenosis

79

How long

2 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

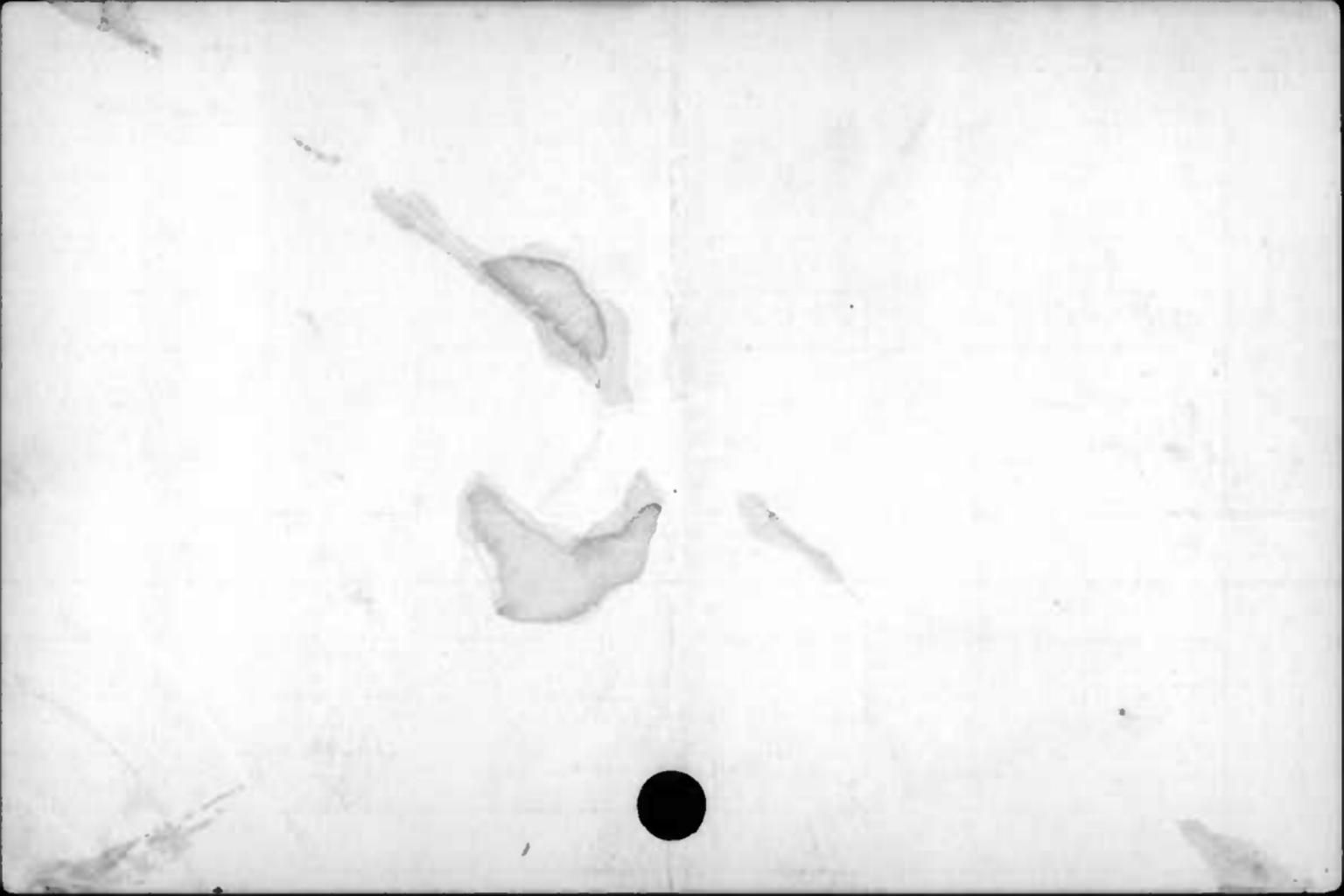
Address

Address

Accident or Suicide?

Accident

Residence
Rosedale
Md



Name
in
Full

Still born of James & Martha Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	town	County	MARYLAND	
Date of death 1908	Month man.	Day 7	Years	Months
Sex man	Color or Race	Age	Still Born	Days
Occupation None	Where Residing if not at place of death			—
Married, Single or Widowed —	Name of Wife or Husband —			
Father's Name James Morrow	Father's Birthplace Scotland			
Mother's Maiden Name Martha Wiedridge	Mother's Birthplace "			
Name of person giving Information James Morrow	How related to deceased Father			

CAUSES OF DEATH

(S)

How long

How long

Primary

Still born

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. J. A. Seantz
41 Eastern Ave. Bld.

Accident or Suicide?

Dr. Glantz
McCaravel
J. Sander Lom
March 8/05

Name
in
Full

Richard Loring Hoxie Pratt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	3	7	—	5	10	
Sex	Color or Race	White	Birth-place	Baltimore		
Male			Where Residing if not at place of death	Princeton Hill.		
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Albert Pratt.		Father's Birthplace	New York		
Mother's Maiden Name	Clara F. Westcott		Mother's Birthplace	Pittsfield		
Name of person giving information	Albert Pratt		How related to deceased	Factor		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Hæmorrhage.		How long	5 Weeks
Immediate	Exhaustion		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. F. Haderly.
			Address	Station E City.
Permit for Laiday Park Cemetery to be buried in town				

Permit for London
Park Cemetery

Stewart & Bowen Co
Morticians

Name
In
Full

David Mules

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Hope Retn</u>		Town	<u>Baltimore</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>4/17</u>	Age <u>33</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Baltimore</u>			
Occupation <u>Bruter.</u>		Where Residing if not at place of death <u>Baltimore</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>not known</u>						
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>						
Mother's Maiden Name <u>11</u>	Mother's Birthplace <u>11</u>						
Name of person giving information <u>Peck Mt Hope Retn</u>	How related to deceased <u>68</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Terminal Dementia</u>	How long <u>about 2 yrs</u>
Immediate <u>Ex -</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J. Flanery MD</u>
	Address <u>Mt Hope Retn</u>
Accident or Suicide? <u> </u>	<u>Mt Hope</u>



Name
in
Full

Daniel Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Calversville	County	Baltimore	MARYLAND							
Died at				Months	—	Days					
Date of death	1908	Month	#3	Day	18	Age	Years	68 $\frac{1}{2}$	Months	—	Days
Sex	Male	Color or Race	Colored	Birth- place	Maryland						
Occupation	Laborer	Where Residing if not at place of death			—						
Married, Single or Widowed	Widowed	Name of Wife or Husband	Louisa	Worsey	—						
Father's Name	Unknown	Father's Birthplace	Maryland								
Mother's Maiden Name	Unknown	Mother's Birthplace	Maryland								
Name of person giving Information	Clarence L. Johnson	How related to deceased	Step Son in Law								

PHYSICIAN
OR CORONER

CAUSES OF DEATH

120

Primary

Chronic interstitial Nephritis
16 years

Immediate

Cardiac Failure.

How long

at a time

Are the name, age, sex, color, date
and place correctly given above?

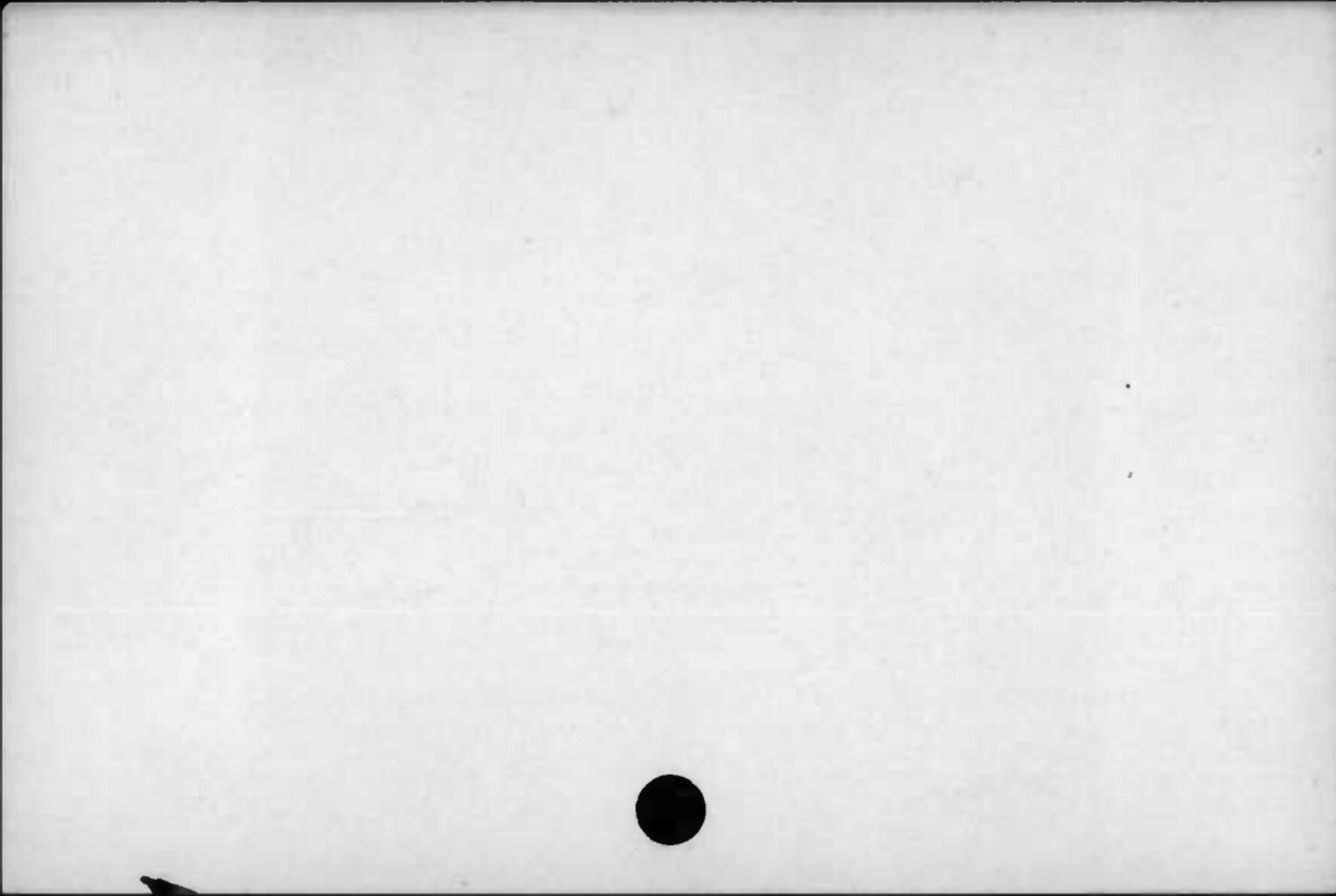
Signature of
Physician

Address

Henry B. Whitley
Coronet
Catonsville, Md

Yes

Accident or Suicide?



Name
in
Full

Susan Meyers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Dec.</u>	Day <u>24</u>	Years <u>53</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Col.</u>	Birth-place <u>Va.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wilson Meyers</u>	Father's Birthplace <u>Va.</u>				
Father's Name <u>Gabriel Walker</u>	Mother's Birthplace <u>Va.</u>				How related to deceased <u>Son</u>	
Mother's Maiden Name <u>unknown</u>						
Name of person giving Information <u>Frank Meyers</u>						

CAUSES OF DEATH

50

Primary

Diabetes

How long

4 mos

Immediate

Exhaustion & Sunstroke

How long

4 mos

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. A. H. Meyers

2 Webster St

Accident or Suicide?

Alexander J. Denney
598 W. Biddle

Yankee Cemetery -

March 27/08.

Name
in
Full

Elizabeth B. Nitzel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	90	2	19	
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband					
Father's Name	George Fischer	Father's Birthplace					
Mother's Maiden Name	Not Known	Mother's Birthplace					
Name of person giving information	Elizabeth Weis	How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

How long

One year
one week

David S. Jones
316 8th Street

Accident or Suicide

Dr. Jones

Mr. Barnard

March 30/08

H. Anderson

Name
in
Full

Margaret A. Noonan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
26 1908	3	25	52.		
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.
Occupation	None.		Where Residing if not at place of death	1209, Highland Ave	
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret A. Noonan.		
Father's Name	Hugh. Blaize		Father's Birthplace	Ireland	
Mother's Maiden Name	Sarah. E. Donohue.		Mother's Birthplace	Ireland	
Name of person giving Information	Daniel J. Noonan		How related to deceased	Husband	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Paroxysm of pain

How long

8 yrs.

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

St Vincents
Cemetery

March 28/08

W E Cook
5225 North Ave

Name
in
Full

Howard A. Alloois

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 26	Years	Months 8	Days
Sex	Male	Color or Race	Colored	Birth-place	Baltimore Co	
Occupation	None	Where Residing if not at place of death			Hampton	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Harford Co	
Father's Name	Thomas Morris	Mother's Maiden Name	Grace Johnson	Mother's Birthplace	Baltimore Co.	
Mother's Maiden Name	Grace Johnson	Name of person giving information	Thomas Morris	How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Bogus Infection

How long

4 months

Immediate

Coronae Arthitis

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. B. Buzell, Esq., M.D.
Coronae Md.

Accident or Suicide?

John Burns Sons
Towers
Sandy Bottoms
Towers

Name
in
Full

Helen Elizabeth O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar	Day 30	Years 2.	Months 3.	Days 17.	
Sex	Female	Color or Race	white	Birth-place			Balto. city
Occupation	Inferior.		Where Residing if not at place of death	Govans.			Govans. Md.
Married, Single or Widowed	single.	Name of Wife or Husband	single.	Father's Birthplace			Balto. city
Father's Name	E. Gilbert. O'Connor		Mother's Birthplace			Cumberland. Md.	
Mother's Maiden Name	May Louise Sanders.		How related to deceased			Father.	
Name of person giving information	E. Gilbert O'Connor						

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

Scald. (Burn)

How long

19 hours.

Immediate

Shock.

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. C. Bass, M.D.

Address

St. H. Govans

Accident or Suicide?

Accident

Balto. Md.

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,
606 & 608 W. LaFayette Ave.
TELEPHONE 1993. REDACTED

New Cathedral Cemetery
April 1st 1908

Name
in
Full

Rev. Thomas O'Donohue -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

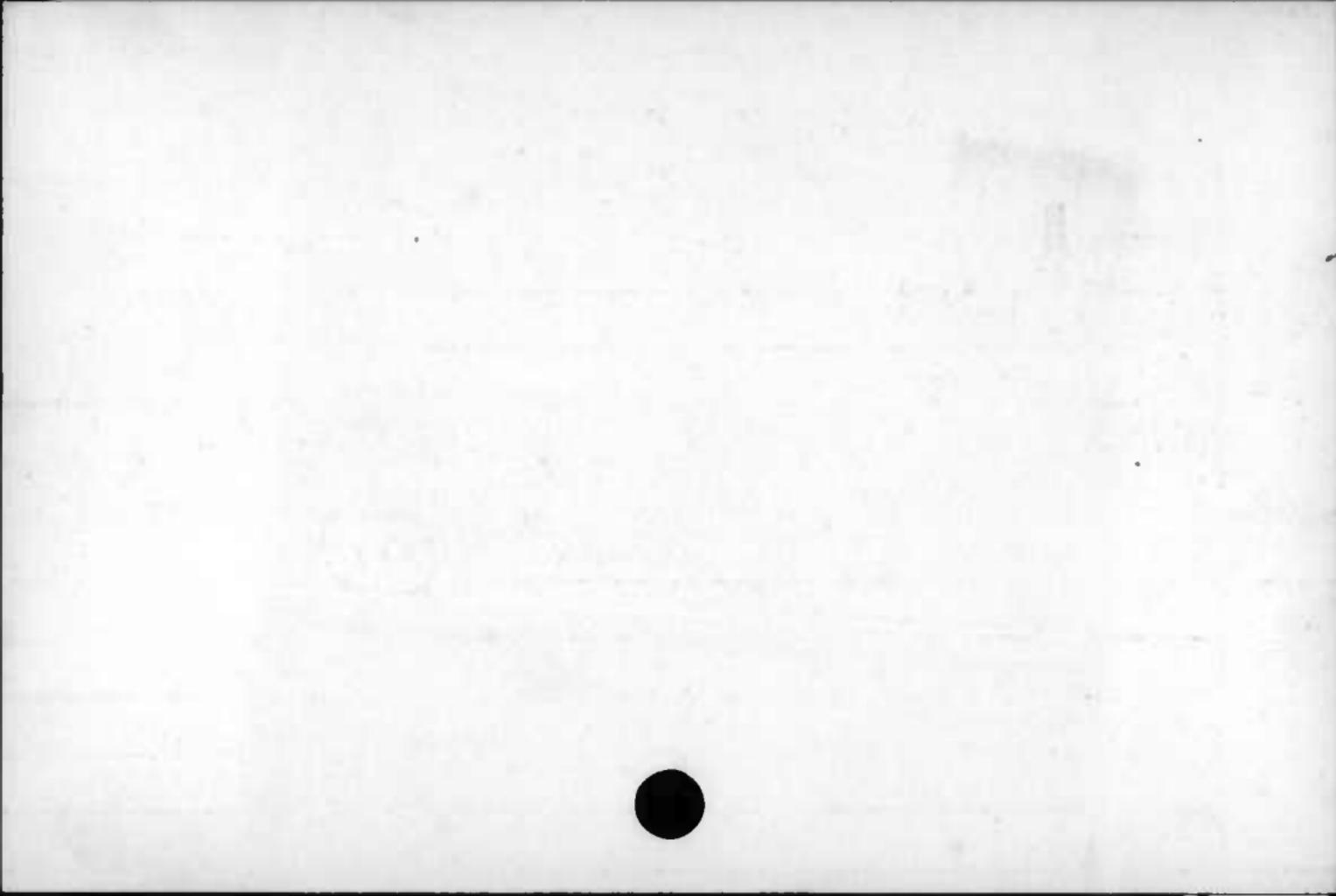
Died at <u>St. Agnes' Hospital</u>		Town	<u>Baltimore</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>31</u>	Age <u>68</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Ireland</u>		
Occupation <u>Priest</u>	Where Residing if not at place of death <u>Immaculate Conception Church</u> <u>Baltimore</u>					
Married, Single or Widowed <u>S'</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Unknown</u>				Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Unknown</u>				Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Father Neck</u>				How related to deceased <u>Friend</u>		

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <u>Carcinoma. Splanchnic Colon.</u>	How long <u>141 - (2)</u>
Immediate <u>Obstruction intestinal</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Paul Preble</u>
	Address <u>St. Agnes' Hospital</u> <u>Baltimore, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

John Parker -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	McDonough			County	Baltimore		
Died at	Date of death	Month	Day	Age	Years	Months	Days
1908	3	15		55		—	—
Sex	male	Color or Race	Color	Birth-place	Maryland		
Occupation	Laborer -			Where Residing if not at place of death	McDonough -		
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Stepney -				
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Felix B. Pye			How related to deceased	Second		

CAUSES OF DEATH

48

Hour long

Primary

Rheumatism, post operativ

3 months

Immediate

Exhaustion -

2 weeks -

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes -

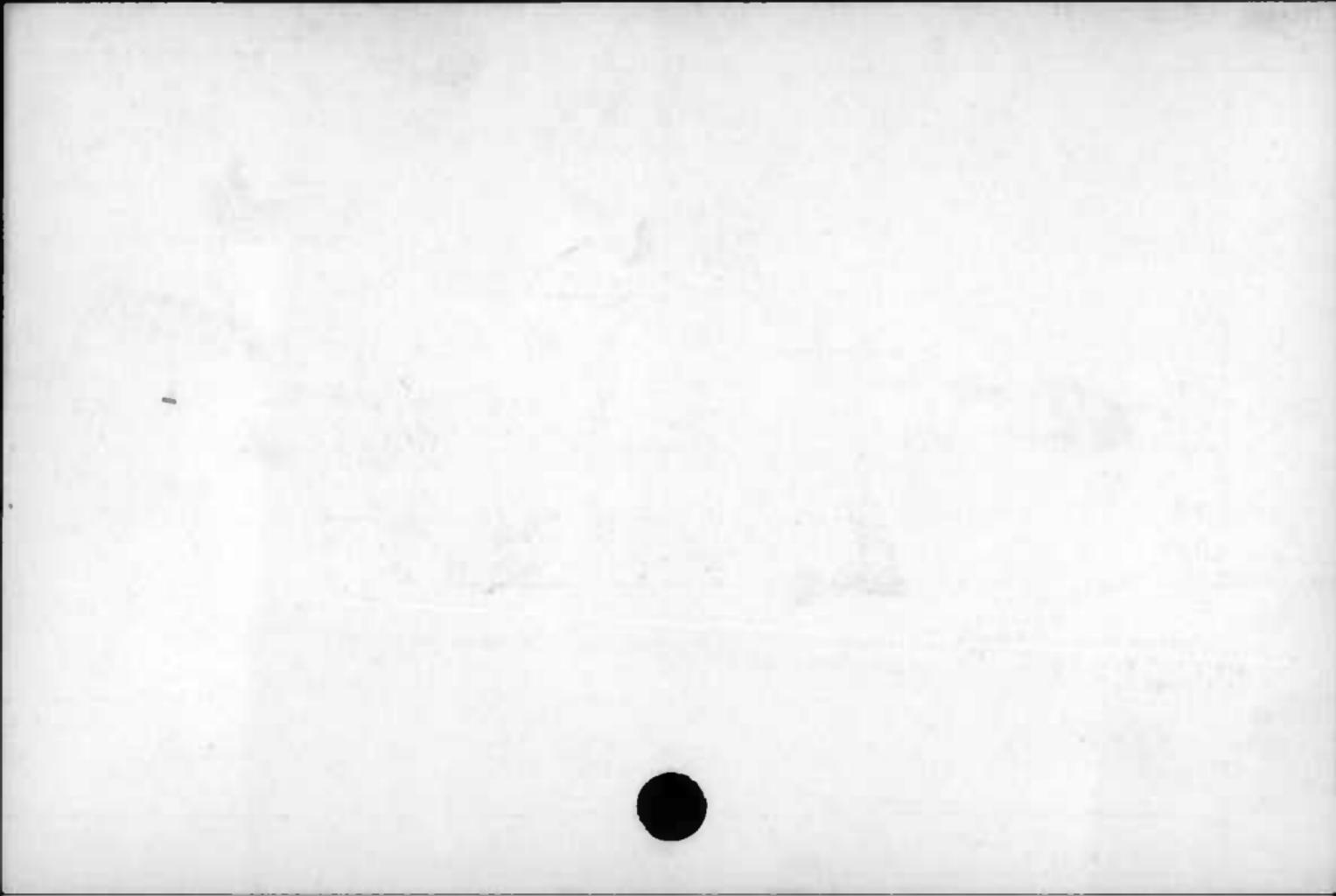
Signature of Physician

Address

Henry A. Naylor

Petersville,

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Hamilton		County Baltimore		MARYLAND	
Date of death 1908 (3) Sept 7.	Month	Day	Years	Months	Days
Age 81					
Sex Female	Color or Race white	Birth-place Hamilton			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Andrew J. Parr	Father's Birthplace Baltimore				
Mother's Maiden Name Mary A. Schowring	Mother's Birthplace Baltimore				
Name of person giving information Andrew J. Parr	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sister born

How long

Immediate

Sister born

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

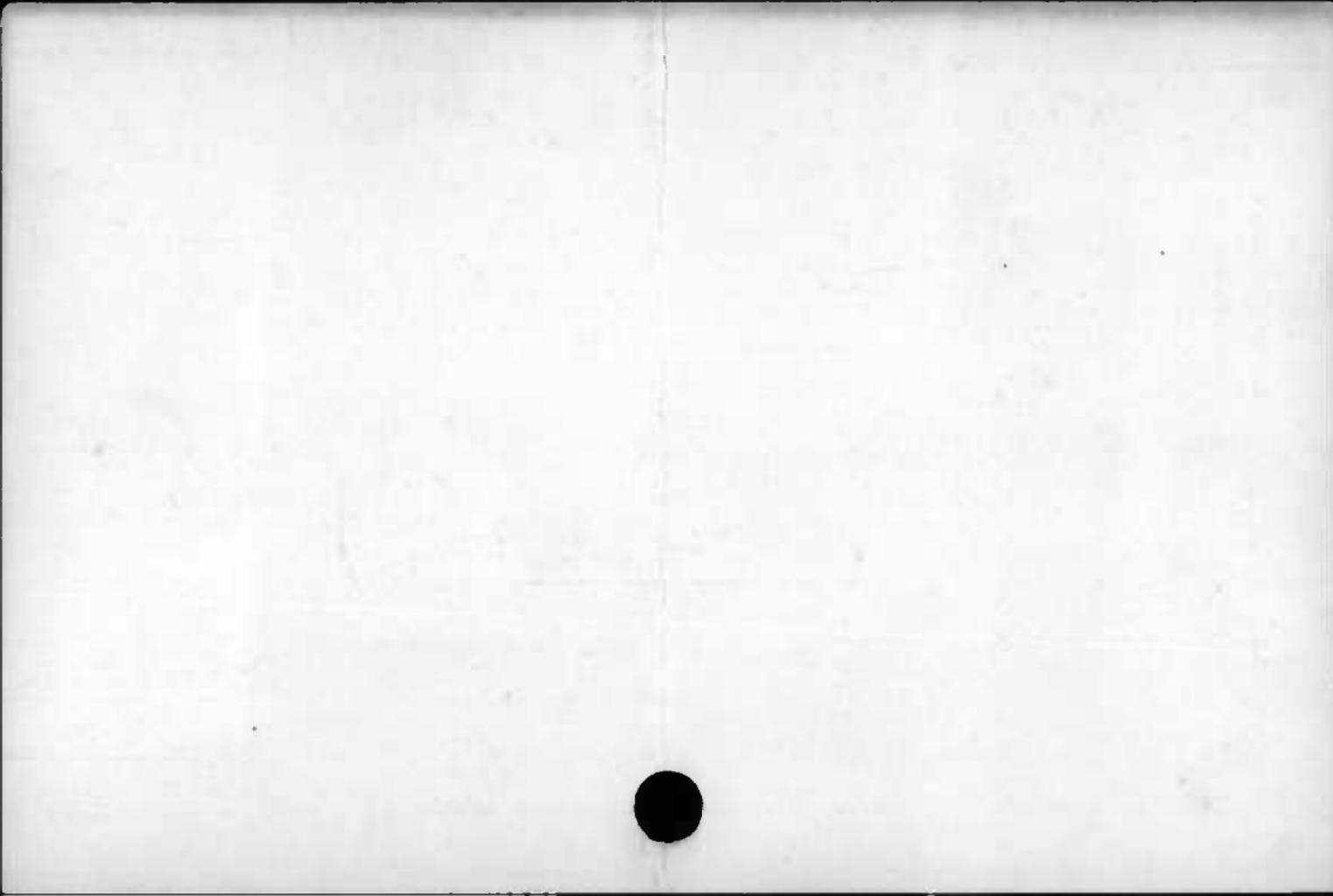
Signature of Physician

Address

*George Adams M.D.
Hamilton, Md.*

Accident or Suicide?

No



Name
in
Full

Pfleger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> Town		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>6</u>	Years	Months <u>3</u>	Days <u>5</u>	
Sex <u>F.</u>	Color or Race <u>W.</u>	Birth-place <u>Westport, Baltimore</u>				
Occupation <u>None</u>	Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Louis Pfleger</u>			Father's Birthplace <u>Mayland</u>			
Mother's Maiden Name <u>March</u>			Mother's Birthplace <u>Mayland</u>			
Name of person giving Information <u>Helen Pfleger</u>			How related to deceased <u>Mother</u>			
CAUSES OF DEATH						<u>71</u>
Primary						How long
Immediate <u>Infantile convulsions</u>						How long <u>2 hours.</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

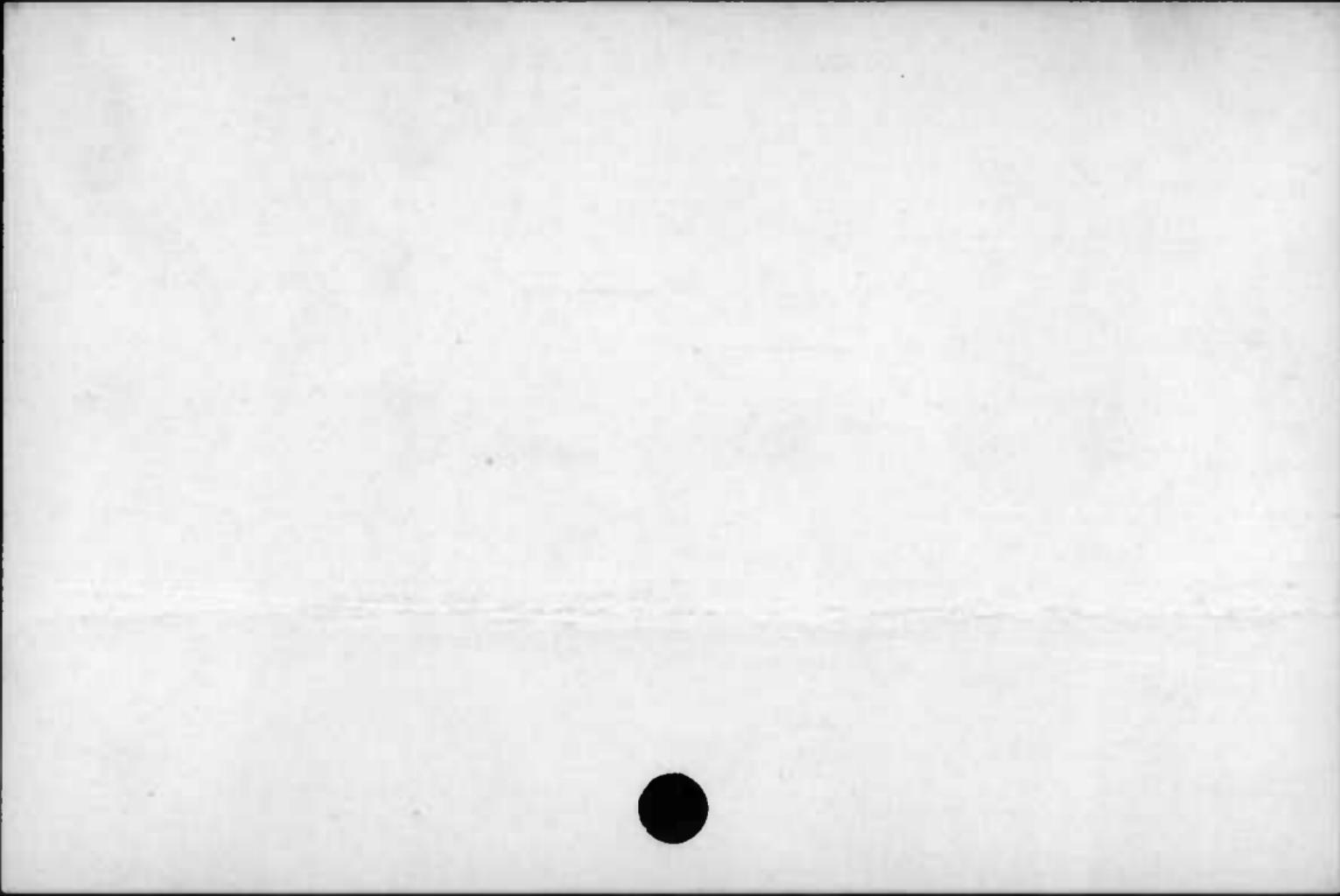
Address

C. M. Brainerd M.D.

400 Hanover St

Baltimore.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Richardson Thomas L.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Leutonsville	Baltimore			
Date of death	Month	Day	Age	Years	Months Days
1908	March	21	49		
Sex	Color or Race				Birth-place
Male	white				Maryland

Occupation	Where Residing if not at place of death
Sailor	X

Married, Single or Widowed	Name of Wife or Husband
Single	X

Father's Name	John Richardson
---------------	-----------------

Mother's Maiden Name	Jacelia Ann Kirby
----------------------	-------------------

Name of person giving information	George W Thompson
-----------------------------------	-------------------

Father's Birthplace	Maryland
---------------------	----------

Mother's Birthplace	Maryland
---------------------	----------

How related to deceased	Bro-in-Law
-------------------------	------------

CAUSES OF DEATH

66

Primary	General Paresis
---------	-----------------

How long	4 yrs -
----------	---------

Immediate	Exhaustion
-----------	------------

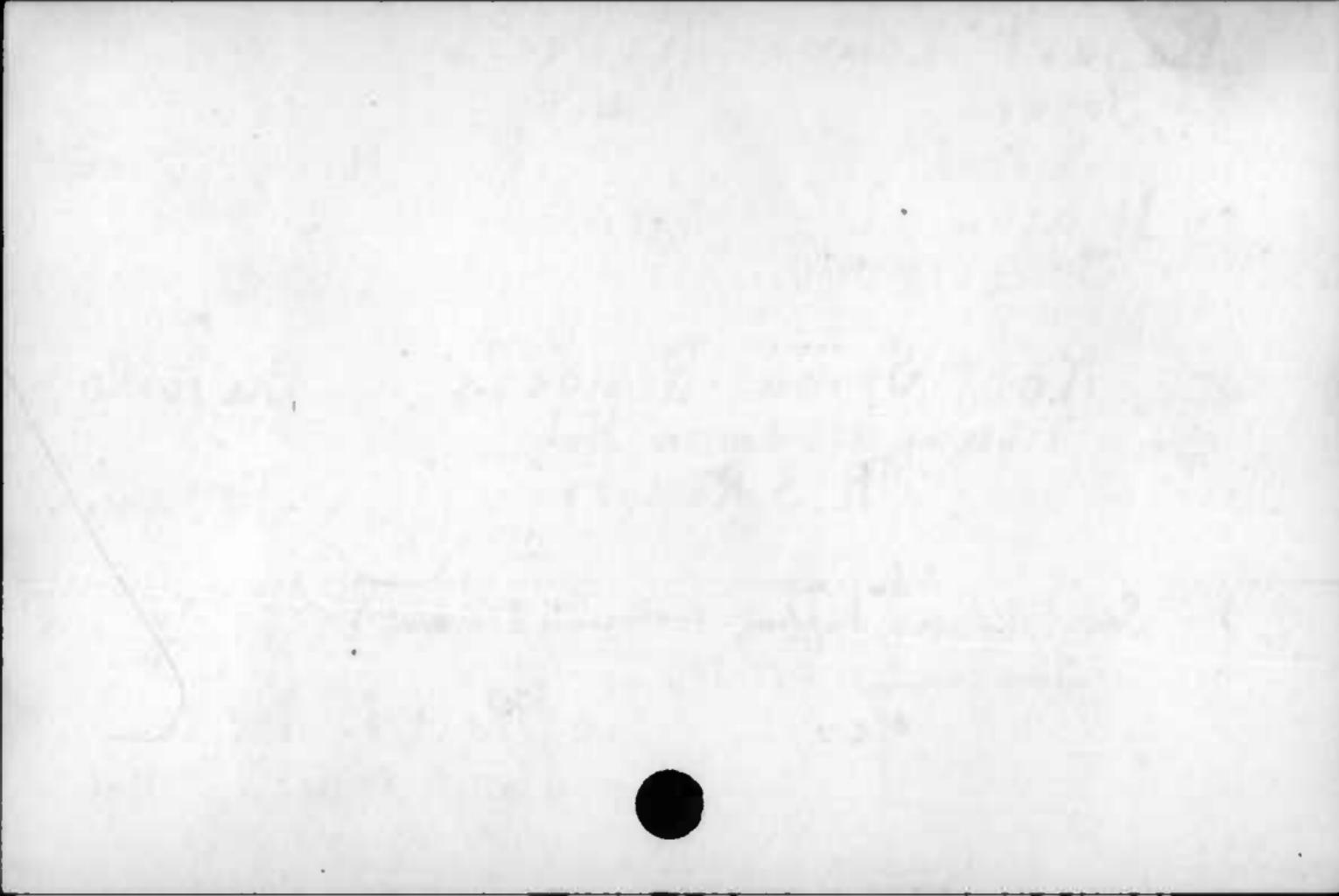
How long	1 mo.
----------	-------

Are the name, age, sex, color, date and place correctly given above?	Yes.
--	------

Signature of Physician	Frederick Niles
------------------------	-----------------

Address	Leutonsville, Md
---------	------------------

Accident or Suicide?	No
----------------------	----



Name
in
Full

Robert Lawson Rodgers

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND					
Died at	Gorane		Baltimore							
Date of death	1908	Month	18	Day	Years	6	Months	11	Days	
Sex	Male		Color or Race	White		Birthplace	Gorane.			
Occupation	Schoolboy		Where Residing if not at place of death							
Married, Single or Widowed			Name of Wife or Husband							
Father's Name	Robt Sprout Rodgers			Father's Birthplace			Baltimore Co			
Mother's Maiden Name	Margare Lawson Hockenberry			Mother's Birthplace			Liverpool England			
Name of person giving information	R. S Rodgers			How related to deceased			Father.			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

7

Primary	Scarlet fever. Influenza. Pneumonia & mening.	How long	15 days
Immediate	Typhomia & Scarlet fever	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. H. Hockenberry.
		Address	Sta. St. Baltimore, Md

Accident or Suicide?

Presbyterian Cemetery

March 1908

N. C. Wiedfeld

Name
in
Full

Mary Ann Role

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1908	Month	Day	Years	Months	Days	
Sex Female		Color or Race	Occupation		Birth-place	
Married, Single Widowed		Housewife		Germany		
Name of Wife or Husband		Cleala Role		Father's Birthplace		
Father's Name		Adam Beindack		Germany		
Mother's Maiden Name		Elizabeth Hartman		Mother's Birthplace		
Name of person giving Information		Cleala Role		How related to deceased		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long
Immediate	Heart failure		—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	6 December
		Address	Rossview
Accident or Suicide?		Med	

Entertainment
St Joseph Court
Belvoir
Road

Geo. W. Grammer
undertaken

Name
in
Full

Edward Savage

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Savage			Father's Birthplace	Cherry Hill
Mother's Maiden Name	Rosa Ogel			Mother's Birthplace	Cherry Hill
Name of person giving information	Edward Savage			How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary pleuris

How long

2 months

Immediate

Hemorrhaged lung.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

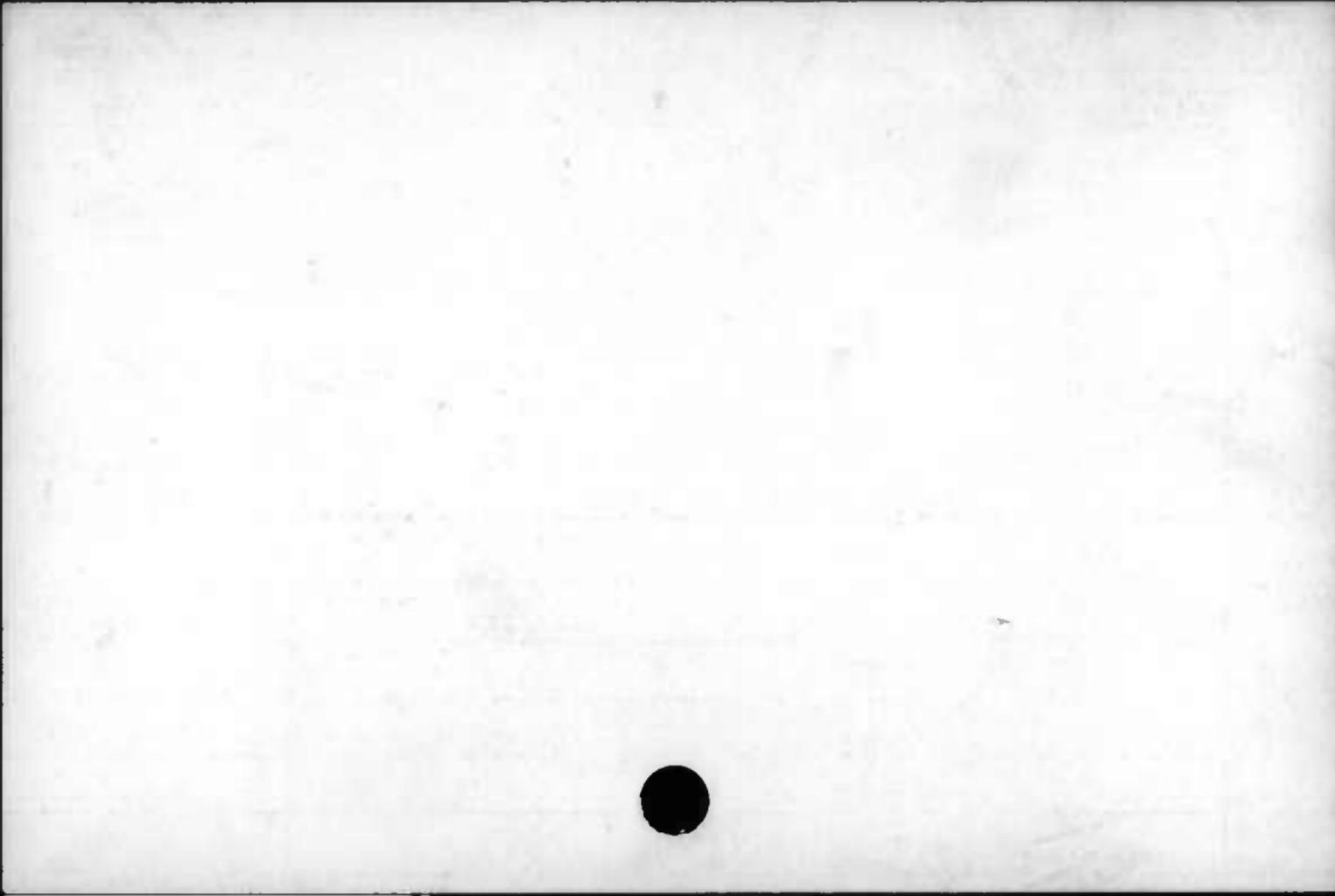
Signature of Physician

Address

Ruglann

mt Winans
Md.

Accident or Suicide?



Name
in
Full

Raymond Savage

CERTIFICATE OF DEATH

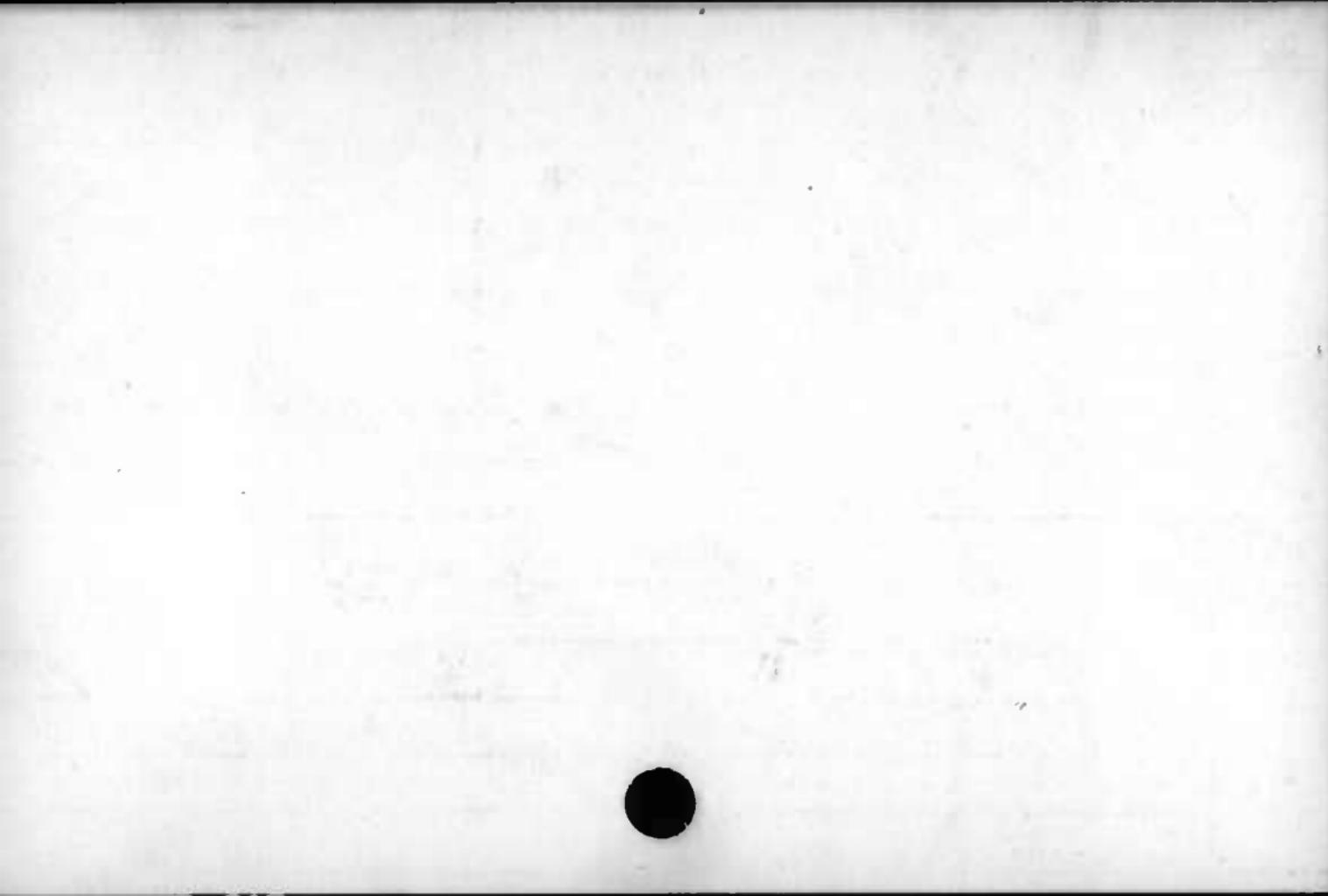
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town.	County		MARYLAND		
Date of death	1908	Month Mar.	Day 4	Years 3	Months 9	Days None	
Sex	male	Color or Race	Col red		Birth-place	Westport	
Occupation	none	Where Residing if not at place of death			Westport		
Married, Single or Widowed	Single	Name of Wife or Husband	Child		Father's Birthplace	Westport	
Father's Name	Ed Savage	✓		Mother's Birthplace	Westport		
Mother's Maiden Name	Rosa Agel	✓		How related to deceased	Father		
Name of person giving information	Ed Savage	✓		27	How long		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary plethora	
Immediate	Hemorrhage of Lung.	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Ind.	



Name
in
Full

John Henry Scarff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Where Residing if not at place of death	Birth-place	Days	
Occupation					
Married, Single or Widowed	Married	Elenora B Scarff			
Father's Name	Joshua Hardisty Scarff		Father's Birthplace	Taylor, Harford Co.	
Mother's Maiden Name	Elizabeth A. Baldwin		Mother's Birthplace	Maryland	
Name of person giving Information	Charles R. Scarff		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

120

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Evans, M.D.
602 Eator Ave
Baltimore

Copied from City

Blank

Accident or Suicide?



Name
in
Full

Gustav A. Scholer Baltimore

46a
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Belvieu		Town	Baltimore		County	MARYLAND				
Date of death	1908	Month	March	Day	29th	Years	16	Months	6	Days	12
Sex	Male		Color or Race	white		Birth-place	Baltimore				
Occupation						Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband								
Father's Name	Gustav A Scholer					Father's Birthplace	Germany				
Mother's Maiden Name	Margarett Biedenbach					Mother's Birthplace	Baltimore				
Name of person giving information	Gustav A. Scholer					How related to deceased	Father				

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy		How long	Five Years	
Immediate	Heart failure		How long	one hour	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. Clayton		
		Address	Gardenville Md		
Accident or Suicide?	no	Joseph A. Neumayer J. P.			

St Mathews Cemetery
March 31st 1908.

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER
2884 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Name
in
Full

Simon Seidl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 13	Years 83	Months 8	Days 1
Sex	Male	Color or Race	white	Birth- place	Germany	
Occupation	Farmer		Where Residing if not at place of death	Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Seidl		Father's Birthplace	Germany
Father's Name	Fr. Seidl				Mother's Birthplace	Germany
Mother's Maiden Name	Waldburga				How related to deceased	son
Name of person giving Information	Bart Seidl				How long	few days

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Aphoplexy + Heart Disease

Immediate

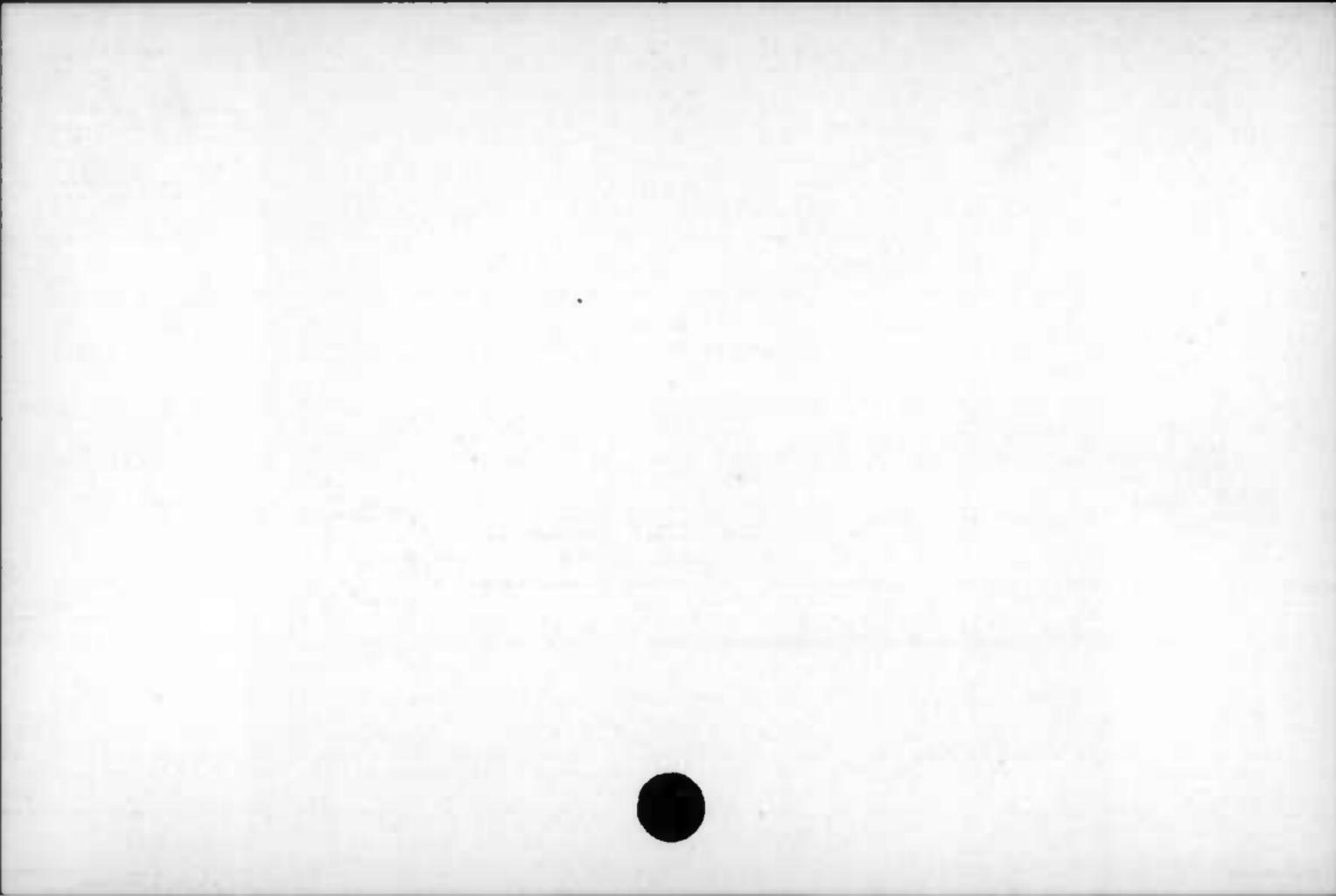
Yes

Signature of
Physician

J. F. L. Gorsuch
Fork, Md.

Address

Accident or Suicide?



Name
in
Full

John Shroyer
Died at Ballito Co. Almshouse

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Date of death	Month	Day	Age	Years	Months	Days
1908	3	21	68			
Sex	Male	Color or Race	white	Birth-place	Brecklysville, Md.	
Occupation	farm-hand			Where Residing if not at place of death	Annie Shroyer	
Married, Single or Widower	Name of Wife or Husband			George Shroyer	Father's Birthplace	Pa.
Father's Name	Nancy Hallie Clegg			Mother's Maiden Name	Mother's Birthplace	Parkton Md
Mother's Maiden Name	Annie Shroyer			Name of person giving information	How related to deceased	wife
CAUSES OF DEATH						
Primary	Bulbar Paralysis			63	How long	about a year
Immediate				How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Phys. C Bussy M.D.
Dallas
Md.

Accident or Suicide?

Sator Cemetery

Frederick Laxdahl
El. Van

Name
in
Full

Infant of John & Rose Shubert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u>		County <u>Baltimore</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>26</u>	Years	Months <u>6 mo</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Age	Days	
Occupation		Where Residing if not at place of death	<u>Highlandtown</u>	
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	<u>John Shubert -</u>	Father's Birthplace	<u>Germany -</u>	
Mother's Maiden Name	<u>Rose Pellet -</u>	Mother's Birthplace	<u>Germany -</u>	
Name of person giving information	<u>John Shubert -</u>	How related to deceased	<u> Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born -</u>	<u>6</u>	How long
Immediate	<u>Dead in Womb -</u>	<u>6</u>	How long
Are the name, age, sex, color, date and place correctly given above?		<u>Yes. -</u>	
		Signature of Physician	<u>Maj. Hoenig</u>
		Address	<u>Officer 903</u>
Accident or Suicide?			

Sacred Head
Cemetery -

March 20th/08.

Name
in
Full

Beatrice Leach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birthplace		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Indoor Home of both			
Father's Name	Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased		Mr or -ee		

79

CAUSES OF DEATH

Primary	Endocrinitis		How long	79 days
Immediate	Sudden Heart Failure		How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. Winsley M. D.
			Address	1220 2. Taylor -
Accident or Suicide?				

Removals.

Bonac Jones (Mrs.)
214 S. Strickland.

<p><i>John Smith</i></p> <p>Town Died at <i>Rossville</i></p> <p>Month Day Date of death <i>1908 March 29</i></p> <p>Sex <i>Male</i> Color or Race <i>White</i></p> <p>Occupation <i>Laborer</i></p> <p>Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Anna</i></p> <p>Father's Name <i>unknown</i></p> <p>Mother's Maiden Name <i>unknown</i></p> <p>Name of person giving Information <i>John Goerbeck</i></p>					CERTIFICATE OF DEATH		
					County <i>Baltimore Co.</i>	Years <i>55</i>	Months <i>-</i>
					MARYLAND		
					Birth-place <i>Germany</i>	<i>Rossville</i>	
					Father's Birthplace <i>unknown</i>	<i>unknown</i>	
					Mother's Birthplace <i>unknown</i>	<i>unknown</i>	
					How related to deceased <i>son</i>		
CAUSES OF DEATH					104		
Primary	<i>Stomach trouble</i>				How long <i>104</i>		
	<i>6 months</i>						
Immediate	<i>yes</i>				How long		
Are the name, age, sex, color, date and place correctly given above?					Signature of Physician Address		
Accident or Suicide? <i>Natural death</i>					<i>John Gettrman, Jr. Rossville, Md.</i>		

Name
in
Full

Samuel Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Bladensburg	Baltimore				
Date of death	1908	Month March	Day 28	Age 64	Years	Months	Days
Sex	Male	Color or Race	African		Birth-place	Anchorage	
Occupation	Laborer		Where Residing if not at place of death		Jorrellsville Md		
Married, Single or Widow	Single	Name of Wife or Husband	Unknown		Unknown		
Father's Name	Unknown		Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Harvey Sutton		Unknown		How related to deceased	Employer	

CAUSES OF DEATH

164

Primary *Accident (Runaway horse)* 2 Minutes
Immediate *Fracture of base of skull* immediate

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

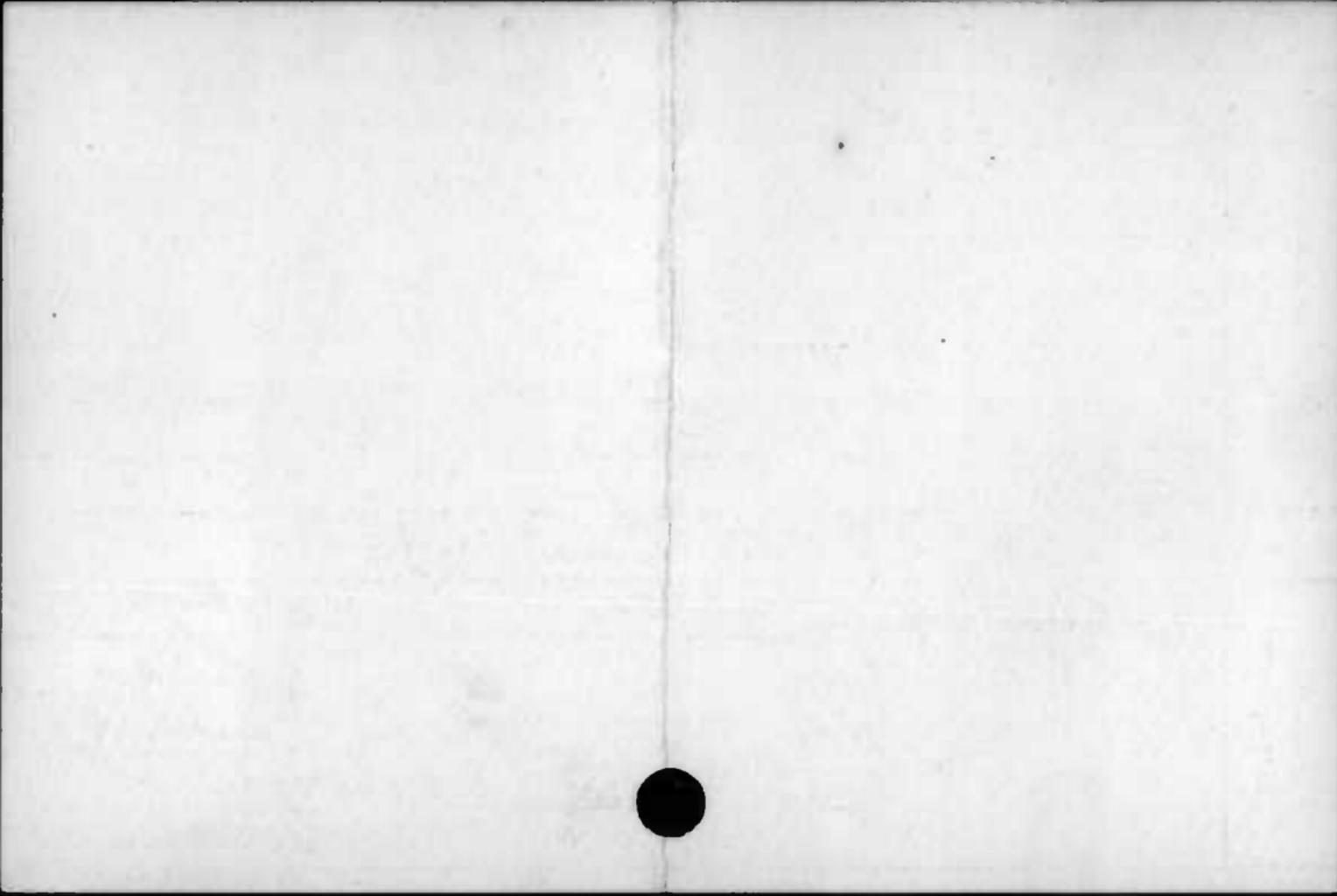
Signature of Physician

Dr B. P. Deacon
Cockeysville Md

Address

Accident or Suicide?

Accident



Name
in
Full

Annie Stahl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			1309 - 1/2 St.	
Married, Single or Widowed	Name of Wife or Husband			Geo. Stahl	
Father's Name				Father's Birthplace	Baltimore
Mother's Maiden Name	Annie Prull			Mother's Birthplace	2120
Name of person giving information	Geo. Stahl			How related to deceased	Father

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Patent Malformation of Heart

How long

5 days

Immediate

Convulsion.

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. L. T. Marano

3 + rough

St. Paul and 2nd

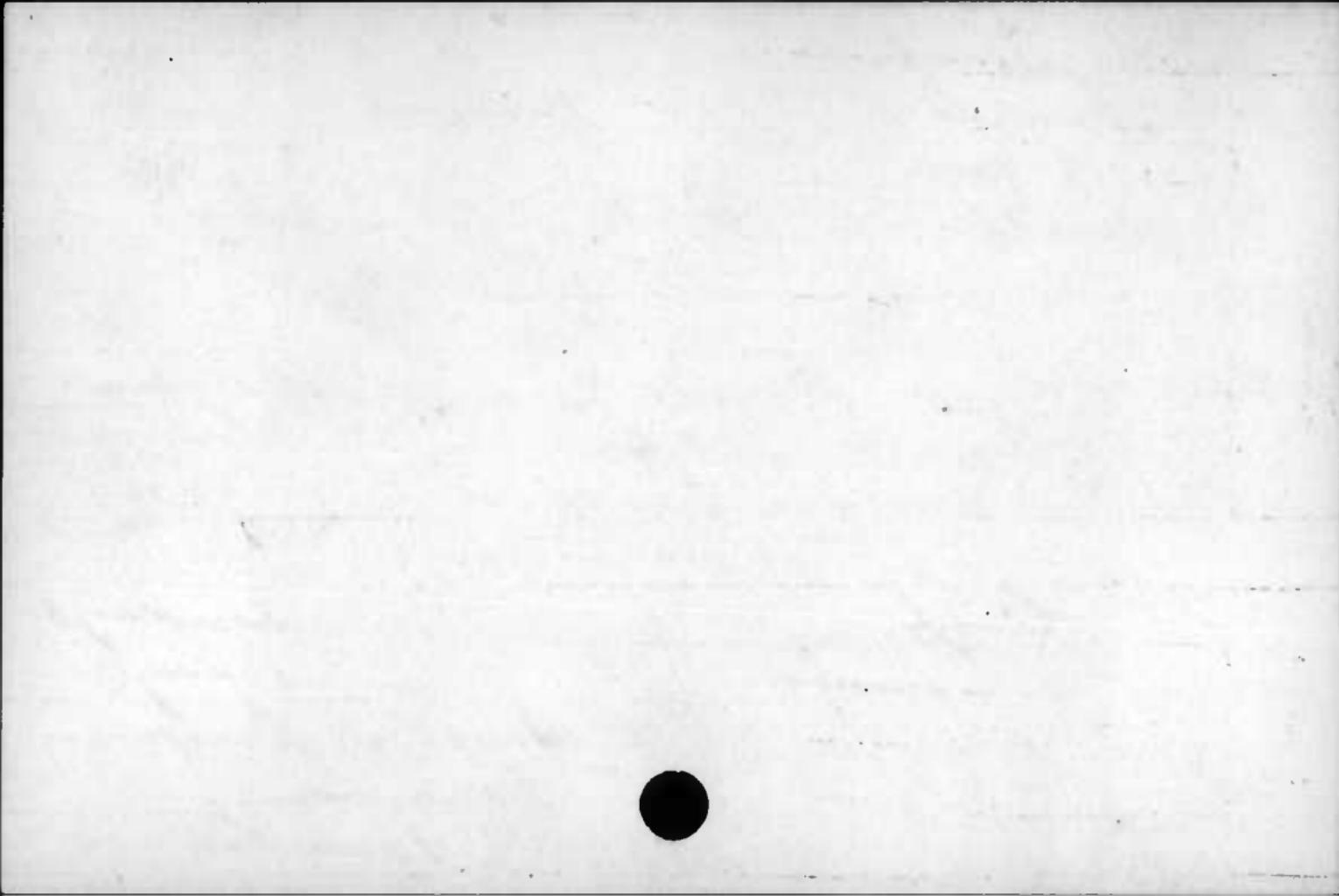
Accident or Suicide?

no

1st Ger. Ev. Cemetery

Hennig for

~~3/17/68~~
~~120~~



Name
in
Full

Rosie Lee Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Parkton		Town	County Baltimore	MARYLAND		
Date of death 1908	Month 3	Day 2	Age 9	Years 9	Months 4	Days 12
Sex Male	Color or Race White	Birthplace 3rd				
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Mathias Thomas	Father's Birthplace Germany					
Mother's Maiden Name Hester A. Mayo	Mother's Birthplace 7th					
Name of person giving Information Mathias Thomas	How related to deceased Father					

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary

Follicular Tonsilitis

How long

3 weeks

Immediate

Acute Indigestion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. R. Morris
Parkton

II

Accident or Suicide?



1923-1924
Loyalty



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Ellie Terpsace

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Freeland		County	Baltimore	Months	Days
Date of death	1908	Month	Day	Age	9	23
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	William Terpsace			Father's Birthplace	England	
Mother's Maiden Name	Gennie Boham			Mother's Birthplace	Maryland	
Name of person giving information	William Terpsace			How related to deceased	Father	

CAUSES OF DEATH

10

How long

Ten days

How long

5 days

PHYSICIAN
OR CORONER

Primary

Grip-

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

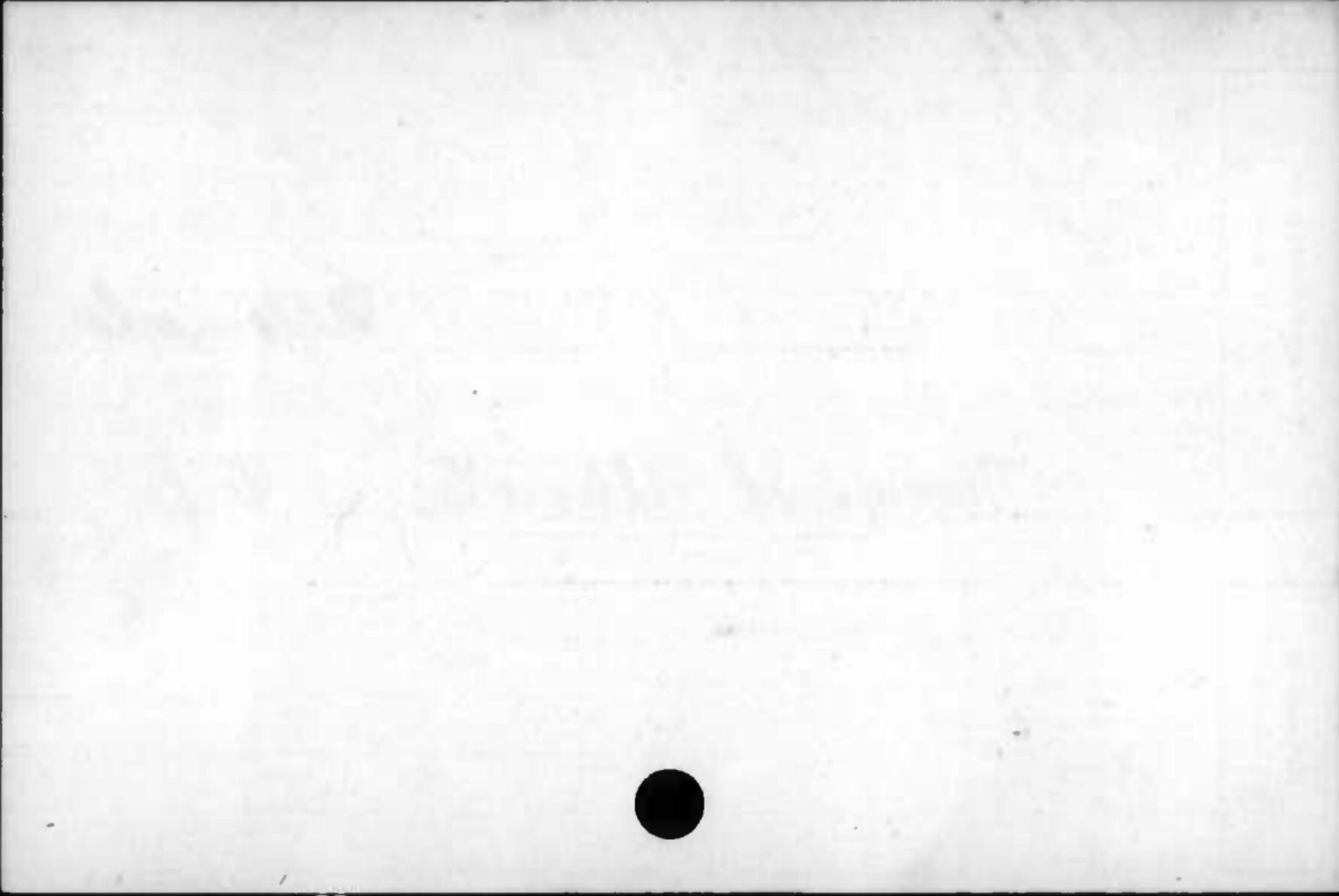
Joseph S. Baldwin

Address

Freeland

Baltimore MD

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Otto Uttenreiter

CERTIFICATE OF DEATH

MARYLAND

Died at 3 Ichthus shore Town Baltimore County

Date of death 1908 Month March Day 10 Years 63 Months Days

Sex Male Color or Race White Birth-place Germany

Occupation Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband Margaret Uttenreiter

Father's Name not known Father's Birthplace Germany

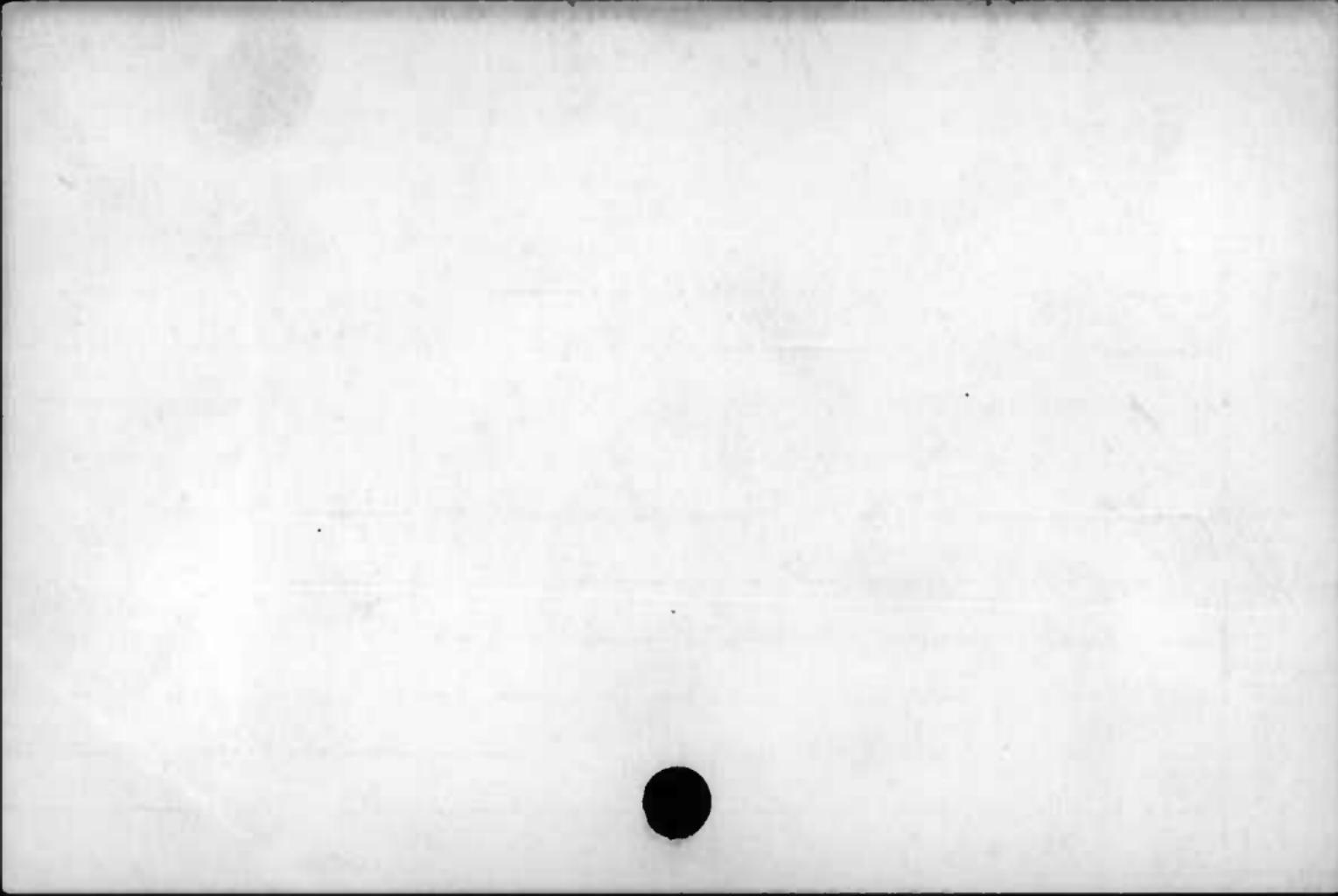
Mother's Maiden Name " Mother's Birthplace Germany

Name of person giving information Margaret Uttenreiter How related to deceased Wife

Electric car caused internal accident CAUSES OF DEATH 79
Primary Injury from accident How long 2 yrs

Immediate Wal after heart How long 7
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Howard Corse

Calculus disease
of heart
Accident or Suicide? nd Address Gardenville



Name
in
Full

Mary C Vaughan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mary C Vaughan				
Father's Name	B. J. Shulay.		Father's Birthplace		Maryland	
Mother's Maiden Name	M E Carroll		Mother's Birthplace		Maryland	
Name of person giving information	Same		How related to deceased			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Paroxysmal nocturnal dyspnoea
Meth Regurgitation
How long 1 year
Immediate Cardiac Arrest
How long 30 year
Signature of Physician
Address

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?

R. C. Smith
Woodlawn 8th
Md.

Woodlawn Cemetery

Jos B Cook

Name
in
Full

Rightnec Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month March	Day 4 th	Years 26	Months	Days
Sex	male	Color or Race	colored	Birth-place	Virginia	
Occupation	Laborer		Where Residing if not at place of death	Sparsows Point		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Arthur Watkins		Father's Birthplace	Va		
Mother's Maiden Name	Briney Pelham		Mother's Birthplace	Va		
Name of person giving information	Wm. Watkins		How related to deceased	Brother		

CAUSES OF DEATH

18

How long

1 week

Primary Facial Erysipelas

How long

1 day

Immediate Acute Meningitis

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

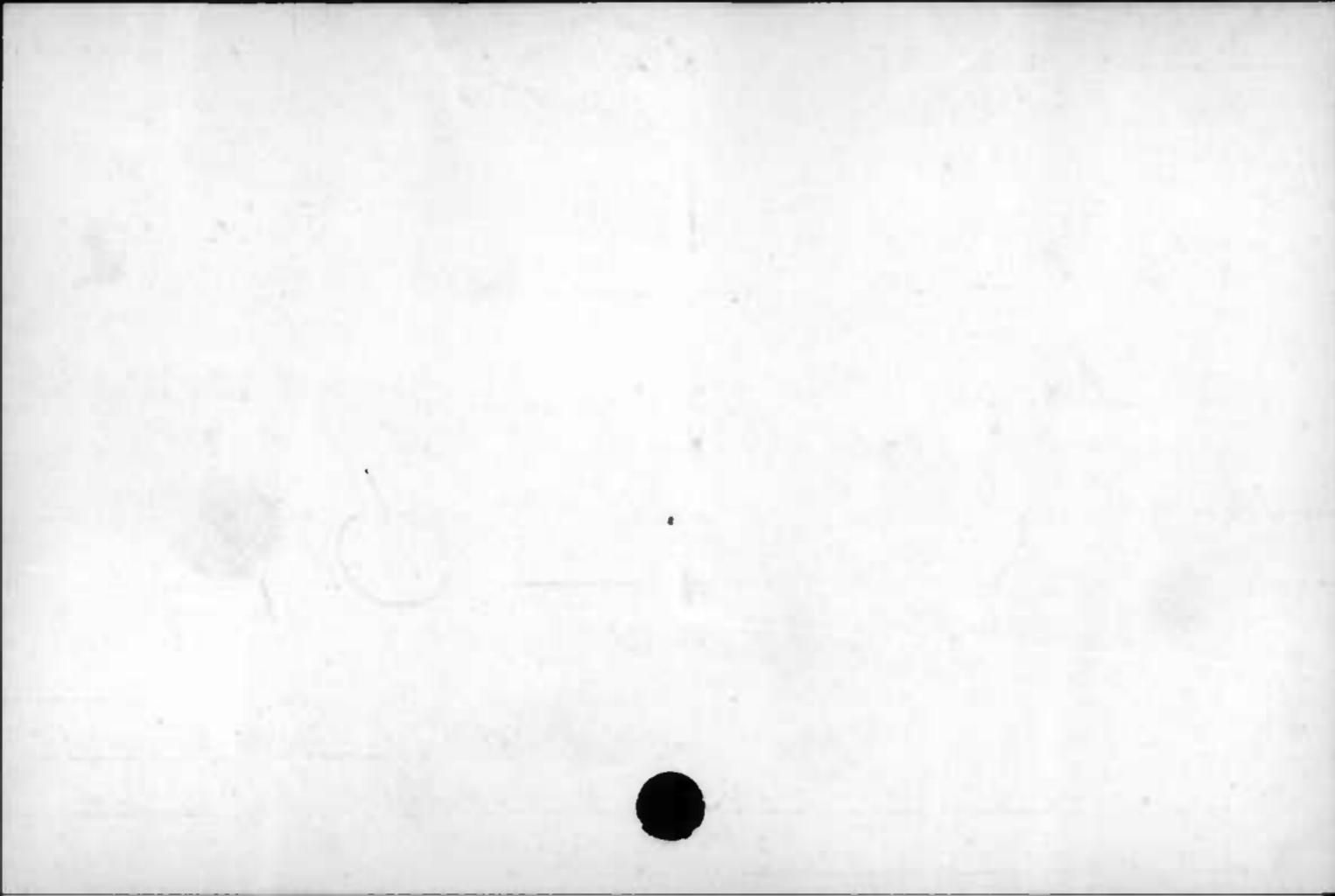
Address

G. C. McCormick M.D.

Sparsows Point
Md.

Accident or Suicide?

No



Name
in
Full

John Frederick Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	9	5 20
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	824 S Clinton st		
Father's Name	Charles F. Weaver	Father's Birthplace	Balto County	
Mother's Maiden Name	Elizabeth Law	Mother's Birthplace	Balto County	
Name of person giving information	Elizabeth Weaver	How related to deceased	Mother	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Run over by Wagon

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

David A. Thompson, County

1500 Highland Ave

Baltimore County Md.

Accident or Suicide?

Accident

Mount Carmel Com

Mar 24th 1908

P. Nicolans & Son
1820 Banton Ave

Sarah. W. Werner

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Wheatpark		Baltimore					
Date of death	1908	Month	March	Day	8	Years	35
Age		Months		Days			
Sex	female	Color or Race	white		Birth-place	Delaware	
Occupation				Where Residing If not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Chas H. Warner		Father's Birthplace	Ireland	
Father's Name	Andrew Reed				Mother's Birthplace	Ireland	
Mother's Maiden Name	Margaret Mc Grane				How related to deceased	Husband	
Name of person giving information	Chas H. Warner						

CAUSES OF DEATH

27

How long

Primary	Tuberculosis Pneumonia	8 mos
Immediate	Granulation	2 weeks

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. Harry Boyd
602 Columbia Avenue
Baltimore, Md.

Accident or Suicide?

Burial at
Hockend Park
March 11/08
from Lookout Mountain
West Hatchay

Mr. H. Boyd
602 Locum-her Av.

Name
in
Full

Whaley, Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Farm Laborer		Where Residing if not at place of death	<input checked="" type="checkbox"/>		
Married, Single or Widowed	Single	Name of Wife or Husband	<input checked="" type="checkbox"/>			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving information	<input checked="" type="checkbox"/>		How related to deceased	<input checked="" type="checkbox"/>		

CAUSES OF DEATH

27

How long

2 yrs.

How long

2 mos.

PHYSICIAN
OR CORONER

Primary

General Paresis

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Percy Ward
Leatonsville, Md

Accident or Suicide?

No



Name
in
Full

George D Whistler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sax	Color or Race	white	Birth-place	Balto Md-		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Balto Md-			
Father's Name	not Known		Father's Birthplace	not Known		
Mother's Maiden Name	not Known		Mother's Birthplace	not Known		
Name of person giving Information	Reeds Mt Hope Retreat not at all.					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary Melancholia Chronic

How long
over 18 yrs -

Immediate Ex Cardiae Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

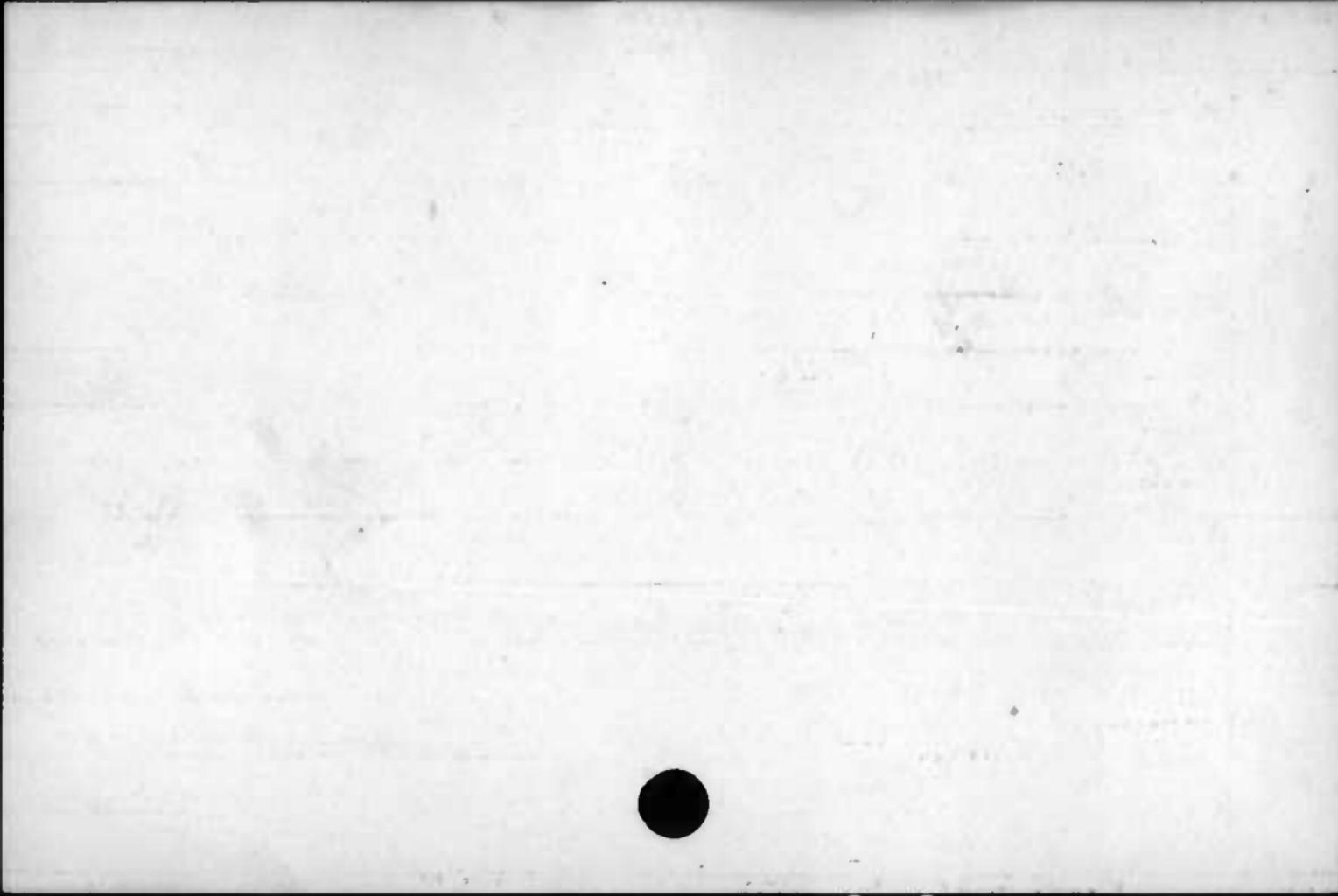
Signature of Physician

Yes

Address

Frank J. Flannery M.D.
Mt Hope Retreat

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Williams, Sarah				CERTIFICATE OF DEATH		
Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Female	Color or Race	Coed		Birth-place	Maryland.	
Occupation	None			Where Residing if not at place of death	X	
Married, Single or Widowed	Name of Wife or Husband	unk				
Father's Name	unk			Father's Birthplace	unk	
Mother's Maiden Name	unk			Mother's Birthplace	unk	
Name of person giving Information	X			How related to deceased	X	
CAUSES OF DEATH						
Primary	Dementia			How long	93	
Immediate	Lobar Pneumonia			How long	19 yrs - 7 days.	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Percy Nuke		
			Address	Baltimore, Md		
Accident or Suicide?			No			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry Edward Windsor

CERTIFICATE OF DEATH

Died at	Woodlawn	Town	Balto	County	MARYLAND	
Date of death	1908	Month Mar	Day 12	Age 24	Years	Months 7
Sex	Male	Color or Race	White	Birth-place	Days 12	
Occupation	Carpenter			Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Single			Name of Wife or Husband	Woodlawn, Md	
Father's Name	Wm Brewer Windsor			Father's Birthplace	Md	
Mother's Maiden Name	Harriet E. Dugrow			Mother's Birthplace	Montgomery Co	
Name of person giving information	Edw T Lumpkin			How related to deceased	Haynes Ferry	

CAUSES OF DEATH

27

How long

How long

Primary	Acute Miliary Tuberculosis	1 month
Immediate	Cardiac Asthma	immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. C. Smink

you

Address

Woodlawn 8th and

Accident or Suicide?

Dr. Charles Maltell
Catorville

Geo J Smith
London Park

Yelton Winston

CERTIFICATE OF DEATH

Died at Baltimore		Town Baltimore		County Baltimore		MARYLAND	
Date of death 1901 May	Month 7	Day 7	Years 45	-	Months 11	Days 22	
Sex Male	Color or Race Colored	Birth-place Richmond Va					
Occupation Laborer	Where Residing if not at place of death 202 Henrietta St Baltimore						
Married, Single or Widowed Single	Name of Wife or Husband No Wife						
Father's Name Unknown	Father's Birthplace Unknown						
Mother's Maiden Name Unknown	Mother's Birthplace Unknown						
Name of person giving information Barrie Baytop	How related to deceased None						
CAUSES OF DEATH							
Primary Asphyxia by gas	How long						
Immediate	How long						

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of

Address

David A. Thompson**1500 Highland Ave****Baltimore County Md.**

Accident or Suicide?

Accident**174**

Dr. W. C. Clannahan
618 S. Clinton St.

Undelivered.

J. Y. Jackson,
Henrietta St.
March 4 / 1908.

Name
in
Full

Jacob A. Wising

CERTIFICATE OF DEATH

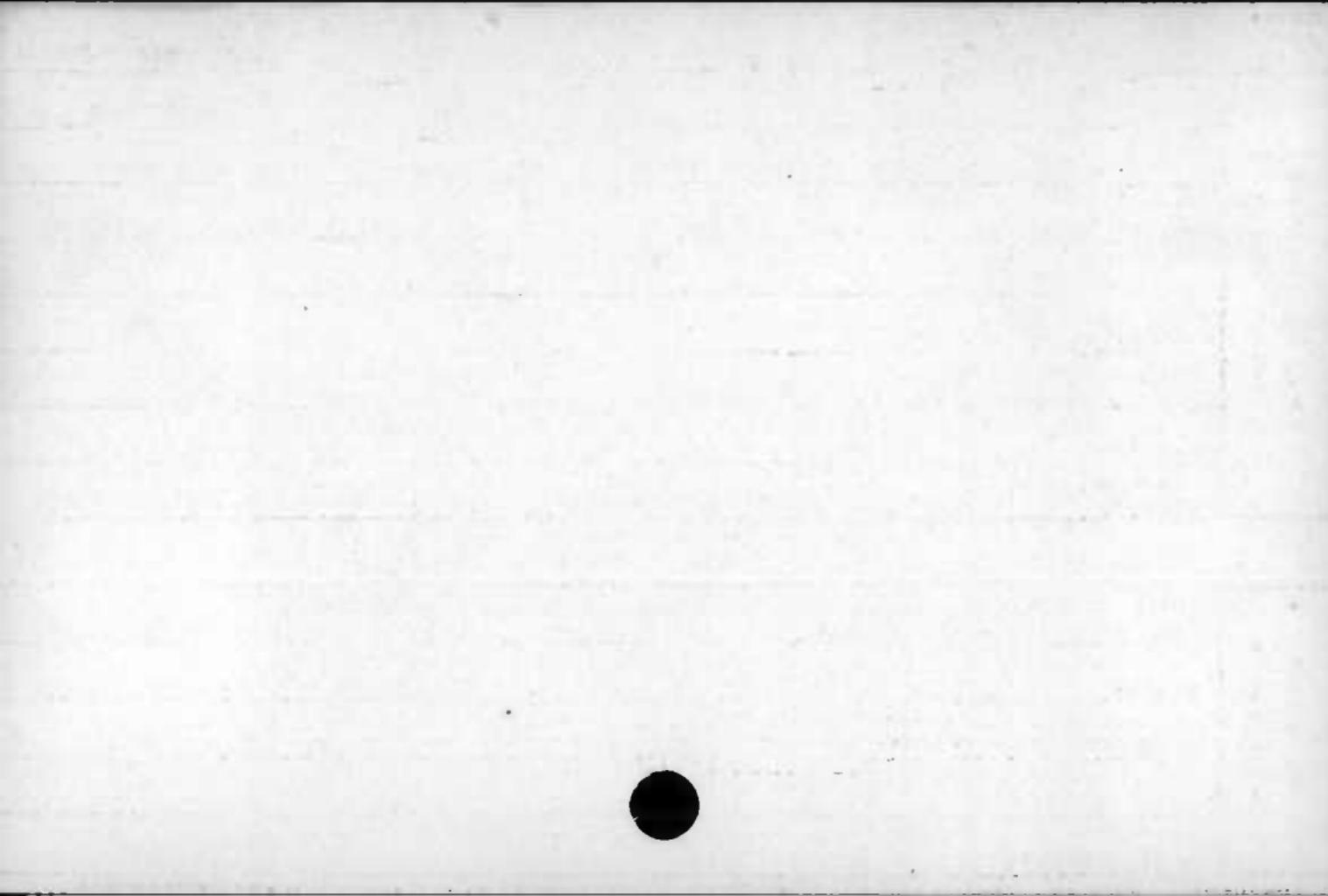
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Baltimore Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Baltimore Md			
Father's Name	South Know				
Mother's Maiden Name	" "				
Name of person giving Information	Reeds M. Rose ✓				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis & Acute Malaria		119
Immediate	Heart Failure		How long 7 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long 7 weeks	
	C. D. Euson		
	Address		
Accident or Suicide?	Sta. E. Balt. Md		



Name
in
Full

Jacob R. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hamilion Rd		Baltimore				
Date of death	Month	Day	Years	Age	Months	Days
1908	March	15		67		
Sex	Male	Color or Race	white	Birth-place	Annesidell Co	
Occupation	Laborer		Where Residing if not at place of death	Grove Ave Hamilon		
Married, Single or Widowed	Widowed	Name of Wife or Husband				
Father's Name	William Wood		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknow		Mother's Birthplace	Unknown		
Name of person giving information	Jacob. W. Wood		How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Asphyx

How long

Immediate

Immediate

Asphyx

How long

2 wks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

George L. Long, M.D.
Hamilton
Md.

Accident or Suicide?

100

William Cook
502 E. North Ave

St Mary's Cemetery.
Tuesday at 2. P.M.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Woods, Kennard.

CERTIFICATE OF DEATH

MARYLAND

Died at		town	County			
Date of death	Month	Day	Age	Years	Months	Days
1908	Mich	6	68			
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Pilot		Where Residing if not at place of death	<input checked="" type="checkbox"/>		
Married, Single or Widowed	Milnera	Name of Wife or Husband	link.			
Father's Name	Richard Woods		Father's Birthplace	Md		
Mother's Maiden Name	link		Mother's Birthplace	link.		
Name of person giving information	Mrs. Avene		How related to deceased	Aster		

CAUSES OF DEATH

92

Primary

Senile Dementia

4 gr.

Immediate

Broncho-Pneumonia

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Percy Hader
Leatofusville, Md

Accident or Suicide?

No.

W. J. Dickner & Sons
Greenmount Cemetery

Name
in
Full

Josephine Latty Woodward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Relay</u> <small>Town</small>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>12</u>	Years <u>73</u>	Months <u>4</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Relay, Md</u>					
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>David A. Woodward</u>	Father's Birthplace <u>France</u>				
Father's Name <u>Latty</u>	Mother's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Son</u>					
Name of person giving information <u>Mrs Woodward</u>						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Age

How long

3 years

Immediate

Inanition or general debility

How long

3 years

Are the name, age, sex, color, date and place correctly given above?

Yes

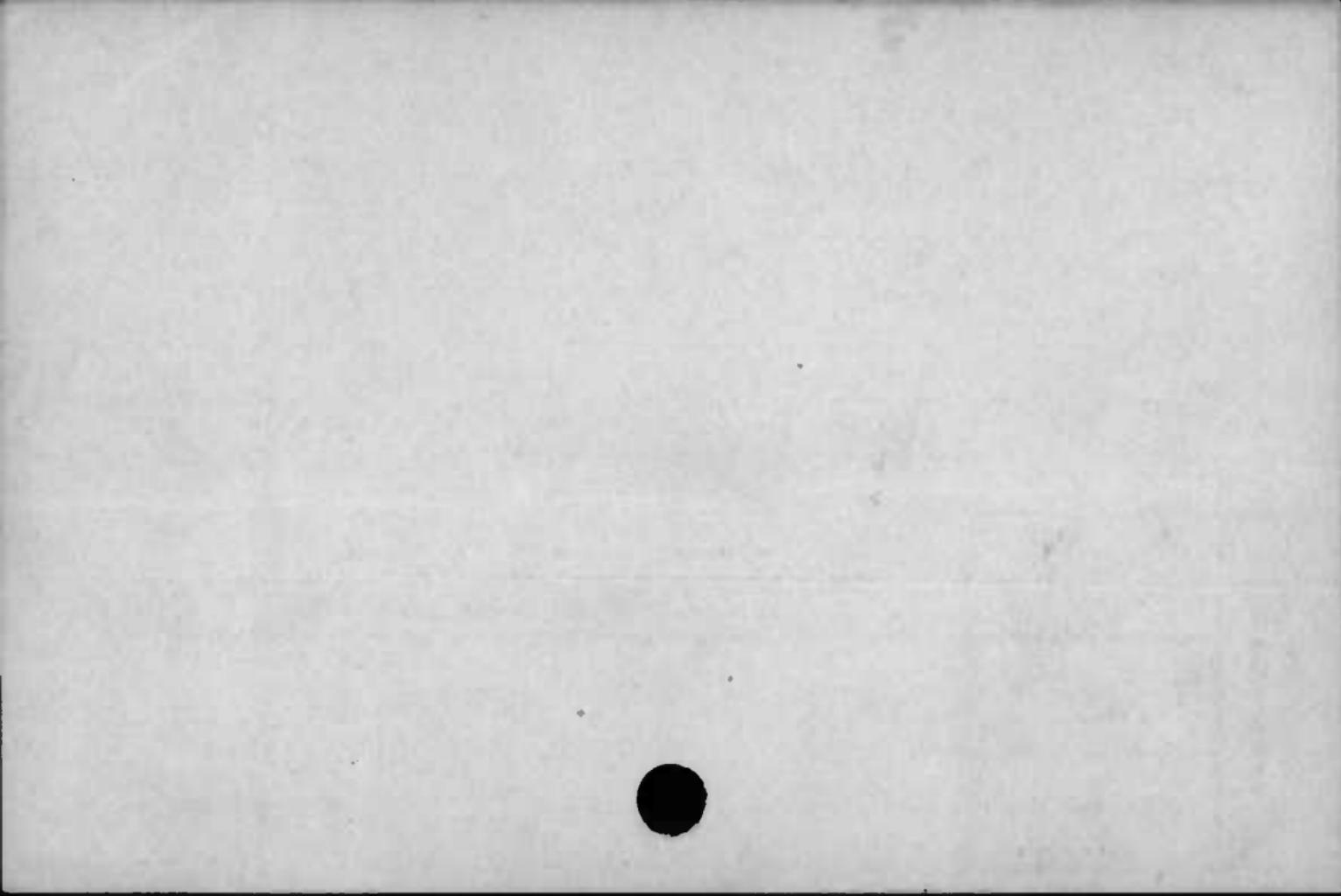
Signature of Physician

Mr. R. Erickson

Address

Eek Ridge, Md

Accident or Suicide?



Mrs Lillie B Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		White		Birth-place		
Occupation			Where Residing if not at place of death		Augusta Ga		
<u>Married, Single or Widowed</u>	<u>Name of Wife or Husband</u>		X X X				
Father's Name	Thomas R. Wright M.D.				Father's Birthplace Georgia		
Mother's Maiden Name	Lillie Wilkinson				Mother's Birthplace Georgia		
Name of person giving information	Dr E. N. Brush				How related to deceased		

Committed suicide
by cutting throat with sharp pointed paring knife

163

Primary cause of death
Melancholia suicide

How long since
Summer of 1907

How long
Immediately

Address
Towson Md

Joseph B. Herbert Coroner
Towson Md

Signature of Physician
R. C. Massenburg M.D.

Are the name, age, sex, color, date and place correctly given above?
Yes

Address
Towson Md

Accident or Suicide?
Suicide

Henry W. Jenkins & Sons Co

Place of burial Augusta Ga.

March 4th / 08

Name
in
Full

Sarah A. Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Balto. Co., near Reisterstown			
Father's Name	Samuel A. Wright				
Mother's Maiden Name	Johnze Gardner				
Name of person giving information	Caranda Gardner.				
	Rev. Lee Wright.				

CAUSES OF DEATH

79

How long

18 mos.

How long

PHYSICIAN
OR CORONER

Primary

Cardiac Dilatation

Immediate

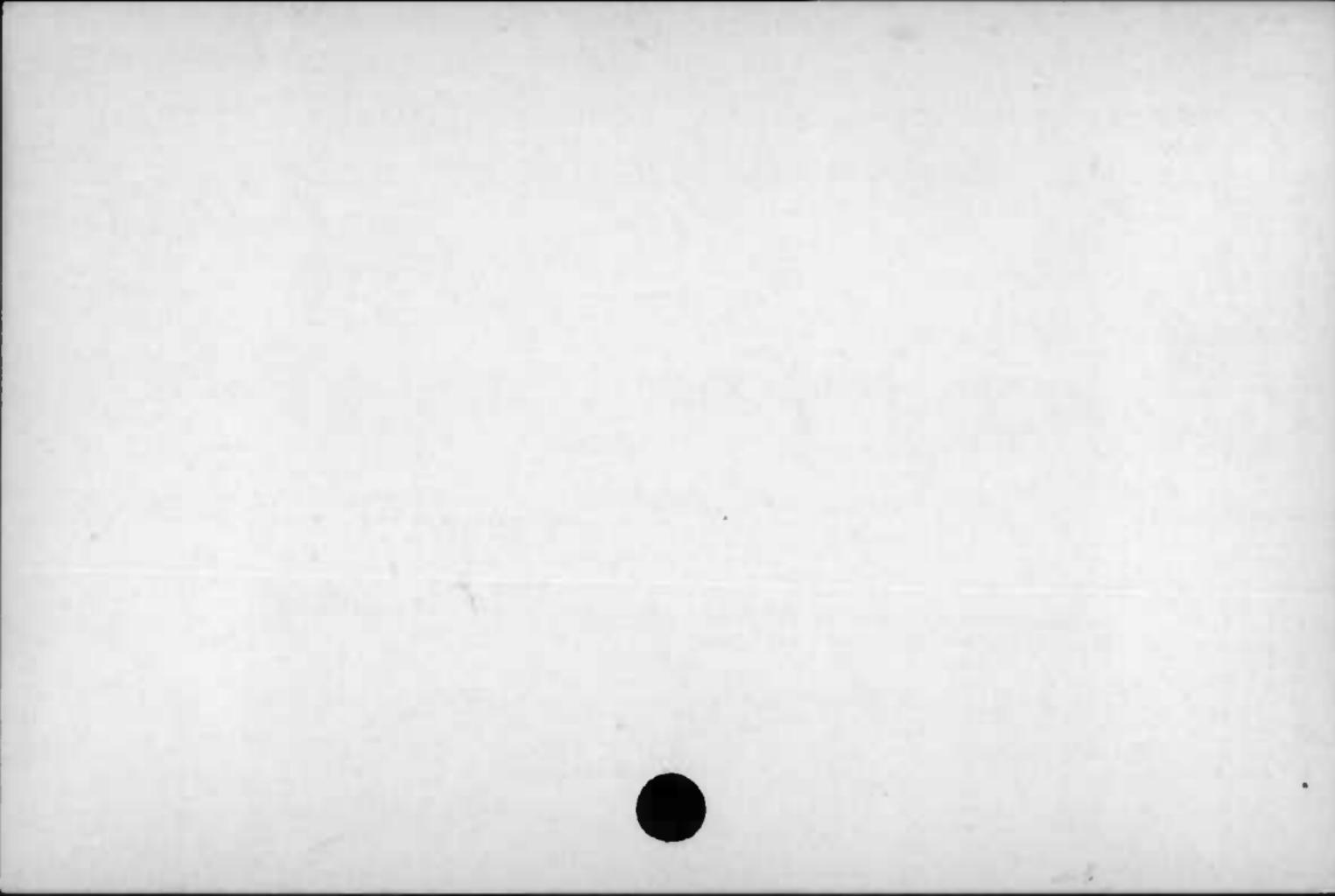
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. McElroy
Reisterstown, Md.

Accident or Suicide?



Name
in
Full

Christina Regina Yeager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton

Town

County

Baltimore

MARYLAND

Date of death 1908 Month March

Day 1

Years 1

Months 7

Days 28

Sex Female

Color or
Race

White

Birth-
place

Baltv. B. v

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John R. Yeager

Father's
Birthplace

Baltv. B.

Mother's
Maiden Name

Christina Domeier

Mother's
Birthplace

Baltv. B.

Name of person giving
Information

John R. Yeager

How related
to deceased

Partner

CAUSES OF DEATH

Primary

Labor Precussions

93

How long

3 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. V. Alley

Accident or Suicide?

PHYSICIAN
OR CORONER

Dr. Athey

Mt. Carmel

March 3rd 108

J. Sander Lins

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Jimmerson

CERTIFICATE OF DEATH

MARYLAND

Died at 16 Clinton St Canton		Town	County	
Date of death 1908	Month march	Day 5	Years 62	Months —
Sex male	Color or Race white	Age 62	Days —	Birth-place Germany

Occupation housewife	Where Residing if not at place of death 16 Clinton St
----------------------	---

Married, Single or Widowed widower	Name of Wife or Husband Don't know
------------------------------------	------------------------------------

Father's Name	Don't know
---------------	------------

Mother's Maiden Name	Don't know
----------------------	------------

Name of person giving information	Mrs Carrie Peroatty
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Father's Birthplace	Don't know
---------------------	------------

Mother's Birthplace	Don't know
---------------------	------------

How related to deceased	Daughter
-------------------------	----------

CAUSES OF DEATH

93

How long

Snubs

Primary

Pneumonia

Immediate

Extravasations

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Warner
120 High Street

Accident or Suicide?

nd

March 7. 1808
western Cemetery
Wm Cook
502 E North Ave
Baltimore
Md

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Unknown	
Occupation	Unknown			Where Residing if not at place of death	—	
Married, Single or Widowed	Unknown		Name of Wife or Husband	Unknown		
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Coroners Jury			How related to deceased	—	

CAUSES OF DEATH

164

How long

Primary *Fracture of Cervical Vertebrae* At once
Immediate *Disorganization of Spinal Cord* - at once
How long

Are the name, age, sex, color, race and place correctly given above?

Yes

Signature of Physician

Henry B. Whitley
Address
Baltimore, Md
Coroner

Accident - Electric Cos
Accident or Suicide?

BUREAU
CORONER



Name
in
Full

Unknown Negro

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Time Died at	Town	County	MARYLAND		
Date of death 1908	Month Mar	Day 27	Age about 40	Years	Months
Sex Male	Color or Race Negro	Birth- place Unknown			
Occupation Unknown	Where Residing if not at place of death Unknown				
Married, Single or Widowed Unknown	Name of Wife or Husband Unknown				
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name Unknown	Mother's Birthplace " "				
Name of person giving Information Unknown	How related to deceased None				
CAUSES OF DEATH					
172					
How long					
How long					

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

